Clinical Lecture
ON
PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS.

Delivered at the National Hospital for the Paralysed and Epileptic, to Students of University College,

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(Concluded from p. 75.)

WE may now pass to the consideration of the pathological anatomy of this remarkable disease. What, in the first place, is the change in the muscles which leads to the striking alteration in their size and power? In the case of the boy on whom I made a necropsy[1] the appearance of the muscles was very characteristic, and agreed closely with those found by other observers. On cutting into the gastrocnemius it was difficult to believe that the section was that of a muscle. Its appearance was precisely that of a fatty tumour—a yellow greasy mass of fat, in which no trace of muscular redness could be perceived. Under the microscope the resemblance to a fatty tumour was also strikingly close. Cells distended with homogeneous fat covered the field. Passing among the fat-cells, however, were narrow bands, which consisted of fibrous tissue and muscular fibres. In places a group of muscular fibres passed through the fat with little fibrous tissue, but, for the most part, they were accompanied by, at least, an equal bulk of fibrous tissue, containing many nuclei and elongated cells. As a rule, the muscular fibres presented no granular degeneration. Many were reduced in size, some considerably, and in places these narrow fibres lay beside those which were of normal width. Some fibres varied in diameter at different places. In many of the narrower fibres the transverse striæ were farther apart than in the wider fibres. In a few, both large and small, the striæ seemed to be disappearing, fading away, without becoming granular. Some empty sarcolemma sheaths were seen, evidently such by their continuity with fibres in which the striæ were disappearing. In the deltoid and biceps the tint was red, but much paler than normal. The microscope showed the fibres to be, in places, separated by fat-cells similar to those in the gastrocnemius, and in other parts by much fibrous tissue without fat. The muscular fibres presented still greater variation in size, and a similar separation of the striæ in the narrower fibres. In the triceps there was still less fat, but much fibrous tissue.

This condition corresponds with that found by other observers (e. g., Cohnheim and Charcot) who have had an opportunity of examining the muscles after death. It corresponds also, in the main, with the observations made with the histological harpoon, an ingenious instrument contrived by Duchenne for removing minute fragments of muscle from living subjects; and it shows also the room there is for fallacy in the use of this instrument. In some parts of the deltoid, for instance, the harpoon would have removed a fragment containing little fibrous tissue and much fat, and in other parts one containing much fibrous tissue and little fat. Some observers have concluded, from harpoon examinations, that the fibres may, in the early stage, present actual hypertrophy. The tearing out of a fragment of living muscle must, however, involve mechanical stimulation of the fibres; and as their shortening is unopposed, an extreme contraction of the fibres and proportionate increase in width may have given rise to the appearance which suggested hypertrophy. I cannot think, therefore, that the histological evidence of an initial hypertrophy is less dubious than is the clinical proof of this condition.

The change in the muscle, then, appears to be primarily interstitial—a growth of nucleated fibrous tissue and of fat-cells. This growth, and especially that of fat, is the cause of the increase in the size of the muscle. The harpoon has been thought to furnish evidence that the increase in size may in some cases depend solely upon fibrous tissue, but this is doubtful. The muscular fibres certainly suffer secondarily to the interstitial change. They are apparently narrowed by pressure, and to this the diminution in bulk of the muscles is in part due; in part it is probably the result of the absorption of interstitial fat. The shortening of the muscles may reasonably be ascribed to the contraction of the interstitial fibrous tissue. Everywhere, as you know, fibrous tissue tends to contract in the direction of its fibres. In the muscle these new fibres are all parallel to the direction of the muscular fibres, and hence the effect of their contraction must be a shortening of the whole muscle.

What is the condition of the spinal cord in this disease? Are there changes in it, such as I have often shown you are to be found in progressive muscular atrophy? In the case in which I have just described the condition of the muscles a careful examination of the spinal cord was made jointly by Dr. Lockhart Clarke and myself, and the conditions found were very instructive.[2] Changes were scattered through the entire length of the cord. In the cervical region there was "incipient disintegration" in the grey network of the lateral columns, adjacent to the grey substance, the white columns being healthy. Here and there, in the grey substance of the anterior and posterior cornua, was some disintegration and wasting of the intercellular matrix, especially marked around bloodvessels, and conspicuous at the bottom of the anterior median fissure, much débris and globules of myelin being accumulated in places. The anterior commissure in parts appeared as if interrupted, but this appearance was partly due to the large spaces around the distended vessels displacing the bundles of nerve-fibres out of the plane of the section. In the lower cervical and dorsal regions there was, in places, an appearance as of disintegration of the myelin of the fibres of the lateral and posterior columns, and there were, in some parts, products of degeneration, globules and masses of fatty matter, at the entrance of the posterior nerve-roots, and, to a much less extent, adjacent to the anterior roots. The most extensive lesion was found in the lowest part of the dorsal region, where in each lateral grey substance was an area of disintegration amounting to an actual cavity outside each posterior vesicular column, which, with the caput cornu posterioris and anterior cornu, was undamaged. A few unaltered nerve-fibres traversed the disintegrated area. In the rest of the lumbar enlargement the changes were slight, the anterior cornua being perfectly normal, except that in the lower part their processes were less distinct than elsewhere in the cord, although the bodies of the cells were normal. In the lowest part of the conus medullaris, the nerve-cells had disappeared.

Such, then, were the changes found; the absence of others is not less important. With the exception mentioned, the large nerve-cells of the anterior cornua were conspicuously healthy. In number, size, sharpness of outline, length and distinctness of processes, the cells correspond perfectly with those of the healthy cord, as you may see from the sections I have placed under the microscope. The slight degeneration elsewhere apparent in the anterior cornua affects only the intercellular substance. In the lateral columns, also, although in places there are signs of disintegration, there is no change comparable to the lateral sclerosis, so often present in other diseases.

Compare, now, with these the sections of the cord from cases of progressive muscular atrophy in adults. At first sight you cannot see, in the anterior cornua, a single nerve-cell. In places there are a few shrivelled remains, but practically they are all gone. This change was present in each of six cases of progressive muscular atrophy in which I have examined the spinal cord, and the result agrees perfectly with the observations of Lockhart Clarke, Charcot, and other observers. But in this case of pseudo-hypertrophic paralysis, although the muscles of the arms were almost as wasted as in progressive muscular atrophy, the corresponding motor nerve-cells are perfectly normal. The characteristic central change of spinal myo-atrophy is, therefore, almost entirely absent in pseudo-hypertrophic paralysis.

What, then, is the significance of the lesions which were found? The degeneration at the lowest part of the dorsal cord is certainly an extensive lesion, and very difficult to explain. Its situation, however, is in a part of the grey

[1] Med. Chir. Trans., vol. lvii., p. 247.

[2] Their significance has not been always correctly estimated by those who have referred to the case. The report of the case stated the facts alone, without any inferences from them. For those given here I am, of course, alone responsible.

matter the function of which is unknown; it affects the matrix rather than the larger nerve elements, and if it has any connexion with the muscular disease the links of that connexion are entirely unknown. In considering the significance of this and other changes in the cord, we must remember that the patient had been, like all subjects of the disease, for years helpless, with a crooked spine, unable to move, suffering from frequent attacks of pulmonary trouble, with mechanical congestion of the whole venous system, passing through acute illnesses—all conditions not unlikely to lead to accidental degenerations in the cord. Those which we found, in their scattered position and character, and their relation to vessels, were for the most part such as might be expected to arise in this way. Further, the degenerative changes were most marked about the posterior nerve roots. It has lately been discovered by Tschirjew that the sensory nerves do not penetrate the muscular fibres, but end in the interstitial fibrous tissue—i. e., in the tissue primarily changed in this disease. It is conceivable that these nerves suffer; their irritation in the early stage may explain pain on exertion sometimes complained of, and the degeneration of some fibres may ultimately slowly ascend to the cord, and lead to or set up some of the adjacent degenerative changes. Moreover some change may be expected to result secondarily to that in the muscular fibres, as after amputation of a limb.

How far do other observations confirm these conclusions? Dr. Meryon could find no change in the cord. The first minute examination was made by Mr. Kesteven, who found only minute scattered spots of granular degeneration, and the empty spaces around the vessels which are very common in the nerve-centres at almost all ages, and these changes have certainly no more significance than those we found. Mr. Kesteven describes the motor nerve-cells as everywhere normal. In three examinations which have been made upon the Continent by Cohnheim,[3] Charcot,[4] and Bay,[5] no change could be discovered in the cord except a slight increase of tissue in the lateral columns, which was noted by the last observer. The motor cells in every case were normal. In two cases, however, which occurred in adults, extensive changes in the cord were found by Barth[6] and Müller.[7] But the cases differed in many respects from the ordinary form of the disease as it occurs in children, other symptoms of spinal disease being obtrusive and early, and it seems, as Charcot has suggested,[8] in the highest degree doubtful whether they were examples of the same disease as that which we have been considering. The change in the muscles was, it is true, similar, but we must not attach too much weight to identity of anatomical change in the muscles. It is probable that the same muscular change may occur from more than one cause, and that it may, in some cases, be secondary to changes in the nervous system which are apparently absent in the common form of the disease. A striking illustration of this has been recorded by Hitzig. A man injured the nerves of his arm near the shoulder-joint. A slow increase in the size of the arm resulted, and the condition of the muscles was found, by harpoon examination, to be the same as in pseudo-hypertrophic paralysis. It was an example of the same anatomical change in the muscles, but certainly not of the same disease as that which we are studying to-day. The condition which resulted in Hitzig's case from injury to the nerves may, in other cases, have been a consequence of disease of the spinal cord, and it seems to me most probable that the cases of Barth and Müller were of this character, as well as some other recorded cases in which no autopsy was obtained. I have not, therefore, included these cases among those analysed.

The conclusion from these facts seems to be that the pseudo-hypertrophic paralysis of early life is not a disease of the spinal cord, is not, as has often been suggested, an infantile spinal myo-atrophy, similar to the common forms of progressive muscular atrophy (Cruveilhier's atrophy) of adults, with a modification in the muscle changes, the result of the peculiar conditions of nutrition in early life. This it apparently is not. Probably there is a very rare form of progressive muscular atrophy of adults which is not due to disease of the spinal cord. A few well-authenticated examples of this are on record. It is possible that this disease, and that which we are considering to-day, may be of similar nature, although it is scarcely probable that they are quite identical, because the latter presents such a remarkable limitation to children in the vast majority of cases.

Another theory of its pathology is that it is a disease of the system of nerves to which it is customary to relegate, perhaps somewhat hastily, all trophic disturbances—the sympathetic. This was the earliest theory, put forward in 1852 by Dr. Meryon. Certain symptoms have been adduced in support of it: the vascular marbling of the skin observed in some cases, and the alteration in the temperature of the affected limbs. Little weight, however, can be attached to the latter change, for it is neither uniform in existence nor in direction. Nor can the marbled skin be regarded as of much significance; it is merely an exaggeration of that which is present in healthy children, and quite unlike the uniform congestion due to vaso-motor disturbance. As a rule, other symptoms indicative of disease of the sympathetic are absent, even up to the end of the disease. One case, however, which I have described to you, presented a symptom which is believed to be a result of disease of the abdominal sympathetic—pigmentation of the skin, similar to that of Addison's disease. But the case, in this respect, stands alone, and although the fact is worthy of note in this connexion, it cannot, by itself, be allowed to have much weight.

Pathological anatomy may soon, it is to be hoped, furnish us with some decisive information on this question, but at present it helps us little. In most cases the sympathetic ganglia and nerves have not been examined. In one case slight degenerative changes were found by Brigidi.[9] But Cohnheim could find no change in the ganglia in his case, so that it is uncertain what significance is to be attached to those found by Brigidi. It seems, however, on the one hand, scarcely possible that a disease of such wide extent and prolonged course should be due to a primary affection of the sympathetic without, ultimately, obtrusive signs of such affection. On the other hand, if associated or secondary degeneration occurs in the spinal cord, it seems probable that similar degenerations may take place in the sympathetic centres, and may account for the appearances observed.

Another theory is that the disease is not an affection of the sympathetic, but of "trophic" nerves. Here, however, we are met with the same difficulty. All other signs of trophic disturbance are "conspicuously absent." The affected limbs grow, the skin remains sound and natural in appearance, the joints present no effusion, and we have seen that there is no primary degeneration of the muscular fibres. It would be very remarkable that an affection of these nerves should change almost all the muscular tissue throughout the body and leave other structures unchanged. But, as you know, the existence of special trophic nerves is still an open question, and it is very doubtful whether there are any trophic nerves to the muscles except the motor nerves, and of an affection of these there is no evidence.

There is yet another theory of the pathology of the disease which deserves attention—viz., that it is a primary disease of the muscular tissue, "a congenital nutritive and formative weakness of the striated muscle substance."[10] Pathologists have naturally been loth to entertain this view, because modern research has shown that almost every morbid state of the muscles, once thought to be primary in them, is really due to disease of the nervous system, and perhaps, on this account, the theory has not always received the attention which it deserves.

Some years ago I showed at the Pathological Society a curious specimen, which is, I think, of much interest in connexion with this theory of the disease. It was a small fatty tumour, attached to the conus medullaris of the spinal cord. On microscopical examination, it appeared, at first sight, to be entirely composed of fat-cells; but closer inspection showed that running through it were many striated muscular fibres accompanied by connective tissue. It had, indeed, as you may see from the section of the tumour which I will place under the microscope, and from the drawing I now show you, precisely the aspect of a portion of muscle from a case of pseudo-hypertrophic paralysis. This tumour must be regarded as congenital, as a fragment of the germ tissue of voluntary muscle, which had, by some accident of development, become misplaced. But why has it developed

[3] Eulenberg and Cohnheim, Verhandlung der Berliner Med. Gesellschaft, 1866, p. 191.
[4] Arch. de Physiologie, 1871-2.
[5] Hospitals Tidende, 1877, Virchow's Jahresbericht, 1877, ii., p. 133.
[6] Arch. d. Heilkunde, vol. xii., 1871, p. 121.
[7] Beitrage zur Pathol. Anat. u. Phys. des Menschlichen Rückenmarkes. Leipzig, 1871. Quoted by Friedreich, loc. cit., p. 289.
[8] Leçons sur les Mal. du Syst. Nerveux.
[9] "Imparziale," Feb. 1878.
[10] Friedreich, loc. cit., p. 296.

into a myo-lipoma, instead of into a piece of pure muscle? We can scarcely ascribe this effect to a nervous influence, and we must attribute it either to the conditions of its environment, or to a perverted tendency of development possessed by the fragment thus displaced. But whatever was the cause of the peculiar condition here, may be the cause of the development of the similar condition throughout the muscular system in pseudo-hypertrophic paralysis; which, we have seen, must be regarded, in the majority of cases, like this spinal myo-lipoma, as a congenital disease. We cannot regard the position and surroundings of the muscles of the body as a cause of the peculiarity in their structure, and we have only remaining the theory of a perverted tendency of development inherent in the germinal tissue of the muscular system. Such a perverted tendency of development may vary in degree in pseudo-hypertrophic paralysis, both in different situations and in different cases, according to conditions which are at present unknown. The remarkable relation of the disease to sex; its conspicuously congenital nature in many cases; its character as a disease of development, making its chief progress during growth; its remarkable origin from the mother—i. e., from the ovum only—a condition almost unknown in diseases of the nervous system,—are all facts which, although scarcely constituting proof of this theory, yet harmonise with it in a remarkable way, as they harmonise with no other theory of the disease.[11]

The diagnosis of the disease need not detain us long. Its gradual development, the progressive difficulty in movement, especially noticeable in the peculiar gait and in rising from the floor or mounting a step, the action by which the patient aids himself, placing his hands on his knees, and the enlargement and firmness of muscles, constitute easily recognised signs of the disease. Of these characteristics the muscular enlargement, I would impress upon you, is the least to be relied upon. Pathognomonic when present in conjunction with the other symptoms, its absence is of little significance, since, as we have seen, muscles gravely diseased may be of normal size.

From most forms of infantile paralysis it is distinguished by the sudden onset of the latter, its early wide distribution, and ultimate localisation to a limb or certain muscles; from infantile paraplegia of gradual onset, by the distribution of weakness, the state of the sphincters, and the absence of symptoms of disease of the spinal cord, especially of spasm.

It is rarely that the disease has to be distinguished from the "progressive muscular atrophy" of children, since the latter disease is very seldom met with. In some cases which Duchenne has described, the atrophy commenced in the lips and spread gradually downwards, the power of the legs being unimpaired when the shoulders were greatly wasted, a condition never seen in pseudo-hypertrophic paralysis.

A more frequent difficulty is the distinction of the affection from cases of commencing cerebral or cerebellar disease, in well-developed children who are unsteady on their legs and easily fall. But the manner in which the children get up again will always resolve any doubt that may exist.

The prognosis in this disease is, as you will have gathered, extremely grave. It is doubtful whether any case in which the symptoms were well marked has recovered. The progress of the disease appears related in most cases to the process of growth, and in severe cases at least we can no more arrest its progress than we can arrest the growth of the body. But the facts on record enable us to recognise great variations in the degree of the morbid state. The tendency of the disease appears to be, in some cases, much slighter than in others, and in those cases in which it is least it is commonly manifested at a later period, and its degree is still slight at the age at which the more severe cases die. There is some reason to believe that after growth is over the progress of the affection is still less rapid, and that in some cases the disease may then become practically stationary. The prognosis, then, must be influenced by the period at which the disease commences, and by its observed rate of progress. The later it appears, the more slowly it advances, the better is the prognosis. A few cases, however, are on record in which the symptoms appeared early and the development of the disease was retarded beyond the average. For the reasons I have given the prognosis is also, on the whole, less grave in girls than in boys. The affection of many children in the same family does not appear materially to influence the prognosis in individual cases.

The treatment of the disease has to be directed rather against the effects of the morbid process than against the morbid process itself, which, whatever be its nature, is certainly to a large extent beyond our influence. This is readily intelligible if the theory be correct that it is really a primary error of development in the germinal tissue of the muscular system itself. There are, however, certain remedies which have a profound influence on tissue growth, and these have been employed in cases of pseudo-hypertrophic paralysis, with, it has been thought by some observers, a distinct effect in retarding the progress of the disease, although in no case could anything like an arrest of the affection be attributed to their employment. Foremost among these is arsenic, which was first used by Dr. Meryon, who, in some of the cases which he published in 1852, thought that distinct benefit was derived from its administration. In the case of the girl with the late symptoms of the disease, which I have mentioned to you, there was a marked improvement in the general nutrition, and certainly no increase in the progress of the disease, while she was taking it. In the same case, phosphorus, which in small doses has an action very similar to that of arsenic, also appeared to be useful, and especially to influence the peculiar pigmentation of the skin which she presented. Strychnine and other nervine remedies have appeared to exert little influence.

Other remedies which have been employed are those which influence in a more direct way the tissue nutrition. Iron effects, however, very little. Cod-liver oil is certainly more useful. It has been proposed by some to limit the ingestion of fat-forming food with a view of lessening the deposit of fat in the affected muscles. I cannot but think, however, that this view is based upon erroneous pathological notions and is detrimental in practice. Fat merely fills up the connective tissue which is formed between the fibres; the latter suffer from the overgrowth of connective tissue as much as, or more than, from the deposit of fat, and we cannot limit the fat-forming elements in the food of a growing child without seriously prejudicing the nutrition of the tissues; the muscular fibres are more likely to suffer in their nutrition, while there is no reason to suppose that the growth of the damaging connective tissue would be hindered. Under the use of cod-liver oil I have observed the enlarged muscles to increase in size, but it has always been in proportion to the general improvement in the patient's nutrition and to the increase in size in other parts, and I have never observed any coincident diminution in muscular power. In some cases it has been even temporarily improved.

The muscular nutrition may also be influenced by local treatment. Of this one of the most important is faradisation, which effects functional stimulation of the fibres. The influence of faradisation in this disease has, however, disappointed the expectations which had been formed of it. In pronounced cases, although the weakness has, for a time, not increased under its use, little improvement has been observed. Duchenne, who concurs in this opinion, states, however, that in two cases treated at a very early period he succeeded in effecting a cure. But his account of these cases is not very satisfactory, since in neither was the subsequent progress of the case ascertained; and in the case of one patient the symptoms were very slight, and, as recorded, not very decisive. His experience as regard treatment in the early stage, moreover, has not been confirmed by any other observers. I think, nevertheless, that faradisation is a mode of treatment to be recommended in these cases, but without any exalted expectation of the good which it will effect. There are no facts on record, and I have certainly met with none, to warrant us in anticipating more good from the voltaic current than from faradisation, unless the muscles react more readily to it when it should be employed.

Rubbing, and passive movements of the limbs, assist in improving muscular nutrition, and may be employed with advantage. Passive movements are especially important as a means of counteracting, in some measure, the tendency to contractions and deformities. For the contraction of the calf-muscles, division of the Achilles tendons has been employed, but it has never effected more than a transient amelioration in the patient's state. Mechanical appliances may enable the patient to use his legs for a longer time than he otherwise would, and may increase his comfort. Sup-

[11] The character of limitation to males and unilateral inheritance from the ovum only, the mother not being affected, but the mother's brothers suffering, is seen also in some cases of hæmophilia, and perhaps in no other disease.

ports to the spine are also useful, and crutches fixed to the arms of a chair may enable the patient in the later stages to sit up with greater ease.

In all cases, it must be remembered, death does not occur from the disease itself, but from intercurrent affections, in most cases pulmonary, against the causes of which the patient must be, as far as possible, guarded.

A CASE OF

PAROXYSMAL HÆMOGLOBINURIA, WITH REMARKS ON ITS NATURE.

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CASES of the class to which that I am about to relate belongs are sufficiently rare to merit record, and of such physiological and pathological interest as to be deserving of study. They are generally described as cases of intermittent hæmaturia, or of intermittent or paroxysmal hæmatinuria; but I shall presently adduce reasons for replacing these designations by that which heads this paper. The patient, whose case I will briefly relate, has been under my observation for about eight months as an out-patient at the London Hospital.

James H——, aged four years and a half, living at Cheshunt-common, Herts, was always rather delicate. When about one week old he came out in large blotches like measles; they were smooth, and not raised above the surface. After lasting about three or four months they died away. He seemed in great agony during their existence. He was fairly well until eighteen months ago, when he was three years of age. He then began to have "great shiverings," which came on whenever he was at all cold, as in the morning and evening of days when the temperature was low. At the same time he came out in large white spots, "like nettle-rash," whenever he had the shiverings, and his urine was noticed to be at certain times of a black colour. The condition of the latter was first observed in the following way. When he had the shiverings he could not stand to pass his water, so that his mother had to hold him, and she thus came to notice that his urine was black when he had the shiverings, and at no other times. If he was made warm and thrown into a perspiration, or fell off into a sleep, the urine when next passed would be perfectly clear; if he was not made warm he would pass the black water for several hours. His mother, from observing this, now always, when he has the shiverings, undresses him, warms him before the fire, wraps him in a blanket, and sets him off to sleep. He has never passed the black water unless he has been exposed to cold; sometimes exposure to cold causes him to pass black water without shivering being noticed; he never shivers without passing some; the passing of black water has never observed any periodicity as regards season. The urticaria, which constitutes one of the phenomena of his disease, occurs chiefly on the face, hands, and forearms (uncovered situations) when he is exposed to cold, as when in a cold wind. He will sometimes have the nettle-rash without the water being black, but the urine is rarely black without nettle-rash occurring. The patient is the ninth of a family of eleven. Seven are alive. One died of typhus; one of "dropsy" when three or four days old; the other two wasted away when a few weeks old. The mother contracted syphilis from her husband nine years ago. The father is an extremely nervous man. There is no hæmorrhagic tendency in the family. Throughout his illness the patient has maintained his average health, strength, and spirits, the only noticeable thing about him being that his appetite has been rather ravenous, especially in the early morning. He has never had epistaxis nor melæna; never spat blood. At the present time he is well nourished and well developed for his age. His hair and eyes are brown, his complexion is slightly sallow, and his conjunctivæ have a very faint yellowish tint. There is nothing in his conformation to suggest congenital syphilis.

His mother, a very intelligent woman, brought him to me on account of the peculiarity of his urine—"the black water," to use her own expression. When I first saw him he was sitting in the examining room of the out-patient department of the hospital. On hearing the account of his disease he was made to pass water into a glass vessel, and it had the characters his mother described. When seen by reflected light it looked black, like tar-water; by transmitted light it was of a deep reddish-brown colour. It had a specific gravity of 1030, was acid, and contained a good deal of albumen. Allowed to stand for a short time, it deposited an abundant dark-brown sediment, which, examined under the microscope, was found to consist of yellowish-brown amorphous pigment; some of it moulded into casts of the urinary tubules. No blood-corpuscles were present.

It was clear, from the characters of the urine and the history, that the case was such as is usually called "intermittent hæmatinuria." Not satisfied, however, with the evidence on which hæmatin was concluded to be the colouring matter in such cases, I asked my colleague, Mr. McCarthy, the lecturer on physiology, to examine the urine for me spectroscopically. He reported that it gave the spectrum of hæmoglobin, and not that of hæmatin.

A mixture, consisting of sulphate of quinine and perchloride of iron, was prescribed on the occasion of the patient's first visit. A fortnight later he was brought a second time. His mother stated that he had passed no black water since his previous visit to the hospital. On the day of his second visit he had not micturated since leaving home until he arrived at the hospital. To reach the latter he had to be driven in an open cart, and then take the train. He was "cold and shivery" on the journey. Whilst at the hospital, awaiting my arrival, he passed some water, which was saved for me, and which I found to present similar naked-eye appearances to that of the previous occasion. The microscope showed amorphous yellowish-brown pigment; no blood-corpuscles. After standing some hours uric-acid crystals formed in the sediment. Mr. McCarthy again examined the urine spectroscopically for me, and showed me the characteristic absorption bands of hæmoglobin.

Through the summer months the patient comparatively rarely passed the black water, and only after exposure to cold, such as that involved in reaching the hospital. He generally passed the black water on his visits. With the onset of cold last autumn the passing of black water became more frequent. Repeatedly I have examined it, and always with the same result: always of high specific gravity, always containing albumen, of a greater or less depth of colour, with a sediment of granular pigment, often moulded into casts. Never have blood-corpuscles been present. On Nov. 6th I submitted a specimen of the urine to Dr. Meymott Tidy to examine spectroscopically, and he sent me the following report: "I have examined the urine with great care. I find that nearly the whole of the red colouring matter is hæmoglobin. I say *nearly* the whole, because I think there is evidence of the presence of a trace of met-hæmoglobin, although at most it is only present in infinitesimal quantity. I should not like to speak positively as to the amount of blood present in the urine, but it may be interesting for you to know that the spectra were perfectly definite, with a single drop of the urine diluted with about five times its bulk of distilled water."

On Dec. 4th I again sent some urine to Dr. Tidy, and he favoured me with the following valuable report: "The urine, it is certain, is coloured entirely by hæmoglobin, there being no evidence whatsoever of the hæmatin spectrum. The spectrum as below [diagram with the report] is well defined with a single drop of the bloody urine. I then converted, by the action of ammonia, this hæmoglobin into hæmatin, and finally into deoxidised hæmatin—the latter of which gave well-defined spectra even when less than a third of a drop was used. You will understand that the colouring matter in the bloody urine is distinctly hæmoglobin and met-hæmoglobin, but that I converted the hæmoglobin into hæmatin by reagents for the purpose of verification. We always do this, as the spectrum of reduced hæmatin is not only far more characteristic, but can also be produced with a far less quantity, than any of the other blood-spectra."

On Dec. 11th, upon the occasion of Dr. Sutton reading the notes of a case of "intermittent hæmatinuria" before the Hunterian Society, I got the mother to send me some urine by post. The specimen sent was rather less deeply coloured than usual, of a pale port-wine tint. It had a specific gravity of 1033, was acid, contained much albumen,

and 1·5 per cent. of urea. It deposited a thick grumous sediment, consisting of amorphous pigment, pigment casts, urates, and some octohedral crystals of oxalate of lime. No blood-corpuscles were present.

On one occasion I examined the patient's blood microscopically, just after he had voided black water. It presented no unusual characters. On several occasions there have been well-marked papules and wheals of urticaria present at the time of the patient's visit.

The case I have narrated is a very characteristic example of a rare but well-recognised disease. The phenomena in such cases are so striking that they have engaged the attention of many of our best clinical observers and chemists. It would be out of place in a communication like the present to refer to the writings of the numerous authors who have studied the disease and enriched our knowledge concerning it, and I propose, in stating my views as briefly as possible, to allude only to a few which have special bearing on the points I touch upon.

In the first place it is certain that the matter which colours the urine and renders it of a tint of from London porter to a deep red is the colouring matter of the blood, the proteid hæmoglobin. This has been shown also by Lebert,[1] Van Rossem,[2] Lichtheim,[3] Robert and Küssner,[4] Winternitz;[5] indeed, by all who have examined the blood spectroscopically. As is well known, hæmoglobin gives two characteristic absorption bands (A and B) between Frauenhofer's lines D and E. So-called met-hæmoglobin (reduced hæmoglobin) gives a single broad band between D and E, occupying the space between the absorption bands (A and B) of hæmoglobin. Met-hæmoglobin has been found by other observers besides Dr. Tidy in similar cases.[6] Hæmatin as a constituent (and the constituent which contains the colouring matter) of hæmoglobin, is present, but not in the free state. The almost invariable absence of blood-corpuscles from the urine in such cases shows that the latter do not pass through the walls of the vessels of the kidney, unless, as asserted by Van Rossem, the blood is acted upon chemically in the bladder after leaving the kidney. There is always albumen present in the urine, invariably at least proportionate to the amount of blood-colouring matter, and often largely in excess of that proportion. All the ordinary constituents of the urine are present, and in nearly their natural proportions.[7] Urea may be slightly deficient during the paroxysm, but the total urea-elimination, and notably the inter-paroxysmal elimination, is natural.

It appears, then, that we have the blood-colouring matter making its appearance in the urine without the blood appearing as blood, and it follows that blood solution or disintegration (hæmolysis) must take place in some part of the organism. If this blood solution were general we should have the dissolved hæmoglobin circulating throughout the body and staining the tissues of all parts. Now it is true that a certain degree of staining or pigmentation of the skin and conjunctivæ is seen in nearly all cases of hæmoglobinuria, somewhat resembling that seen in malarial cachexia, but not exactly identical with it. In the case recorded by Robert and Küssner[8] it is reported, "the skin is of a remarkably brownish-yellow colour, which is even shared by the sclerotics." In nearly all the recorded cases, however, the colour has been of a very faint yellow tint, and so slight as to preclude the idea of the blood solution being general. A certain amount of dissolved hæmoglobin does, I believe, circulate throughout the body, imparting the faint yellow tint to the tissues. Its source I shall presently try to trace. From the blood-colouring matter making its appearance in the urine, it follows that if it is not general to the vascular system, it must be confined to the genito-urinary apparatus; and since the kidney is the organ where the urine is separated from the blood, in the highest degree of probability the seat of blood solution is the kidney, for in no part of the genito-urinary tract below the kidney does any wholesale depuration of the blood take place.

Of course, if the blood destruction took place in any other organ except the kidney, the dissolved hæmoglobin would have access to the general circulation. There is evidence that, in the disturbance of the circulation accompanying the voiding of the black water, other organs are affected, as the spleen, which has been observed to enlarge. But the blood disintegration cannot take place here, or the dissolved hæmoglobin would have to enter the general circulation before it could be eliminated by the kidney.

(To be concluded.)

[1] Berlin. Klinische Woch., May 13th, 1872. Abstract by Dr. Druitt, Med. Times and Gaz., May 10th, 1873, p. 490.
[2] Dissert., Amsterdam, 1877.
[3] Volkmann's Sammlung, No. 134. Abstracted in Centralblatt, 1878, s. 488, p. 675.
[4] Berl. Klin. Woch., Oct. 28th. Abstract in London Med. Record, 1878, p. 511.
[5] Die Hydrotherapie auf Physiologischer u. Klin. Grundlage. Wien., 1877.
[6] Anleitung zur Harn Analyse, von Dr. W. F. Loebisch. Wien., 1878.
[7] Two Cases of Intermittent Hæmatinuria, by Robert Druitt, M.R.C.P., Med. Times and Gaz., 1873, pp. 408, 461, and 489.
[8] Op. cit.

CASE OF LARGE PAROTID TUMOUR.

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MRS. M'D——, aged fifty-four, was admitted on the 18th of February, 1879, to Ward 14 of the Western Infirmary, Glasgow. Twenty-six years ago the patient noticed a small tumour behind the lobe of the left ear; this gave rise to no pain, and grew very slowly at first. For a period of about twenty years little attention was paid to it, but within the last six or seven years increased rapidity of growth had been marked. In the last five years she states that the growth had doubled its size. From first to last it had never given her any pain, the only inconvenience being caused by its bulk and weight. The patient has always been a healthy woman, and remains so. Her appetite is good; her pulse slow, steady, and full; and she is strong-looking and well nourished.

On admission the patient had a large, irregular, nodulated tumour situated on the left cheek. When the neck was kept straight, the lower edge of the tumour rested on the infra-clavicular space, and the outer edge extended to a point in line with the axillary line on the left side. Its shape was irregularly spherical (several rounded knob-like projections tended to destroy the globular form), and the part of attachment was slightly pedunculated. The skin over the surface was smooth and shining, and some large veins were seen coursing over the anterior surface of the mass. At its back part, and around the base of the tumour generally, it felt firm and elastic; while the peripheral portion, more especially a nodule here and there, seemed soft and almost fluctuant. The base of the tumour extended from an inch and a half behind and below the ear to the angle of the mouth, and from the zygomatic arch to within an inch of the clavicle. The mass was freely movable on the subjacent parts; it could easily be shifted from side to side, and also in a vertical direction. No pressure effects were observable; there was no protrusion into the mouth; and the skin over the tumour was not affected, save by stretching. The following were the more important measurements: circumference of pedicle, 21 in.; greatest circumference of tumour, 24 in.; from angle of mouth to lower part of lobe of ear, 15½ in.; from middle of zygomatic arch to supraclavicular attachment, 16 in.

Operation, Feb. 26th.—A semilunar incision, commencing at the lobe of the ear, was carried above the posterior surface of the tumour, to near the clavicle, and the cellular tissue scratched through until the capsule was reached along its whole length; then the knife was laid aside, and the finger-points insinuated close to the tumour, and rapidly passed upwards and downwards, separating the very loose adhesions. The fingers were carried towards the anterior aspect, the tumour being carried forwards; it was then thrown backwards, and an incision made in front, corresponding to that on the posterior surface, when the mass was easily lifted out. Only three small vessels required ligature, and, considering the size of the tumour, an exceedingly small quantity of blood was lost. The flaps were stitched together, a drainage-tube inserted, and the wound dressed antiseptically. The mass weighed 6 lb. 11 oz., and the time occupied in its removal was five minutes and a half.

A section being made through the thickest part of the tumour, it discloses two circular surfaces, each seven inches in diameter. The knob-like projections seen on the surface of the tumour tend to destroy the circular outline of the

section. The cut surface divides itself readily into two parts—an outer or cortical portion, of a firm consistence, and of a greyish-white colour; and an inner or medullary portion, soft and pulpy. The thickness of the outer part varies from half an inch to two and a half inches, and the diameter of the soft internal portion is about three inches. The entire surface remained flat for a considerable time after the section was made, but, owing to the escape of a colloid-looking material from the medullary portion especially, the internal part became concave, while the rind became flat. In appearance, the central part is very peculiar. Near the very centre a crescentic or sickle-shaped part is observed, two inches and a half at its greatest length, and three-quarters of an inch at its greatest width. This is of a bright-red tint, exactly like arterial blood. It had this colour immediately on section, and retained it, without any appreciable heightening, after exposure to the air. The consistence of this part resembled that of a very firm blood-clot. Surrounding the bright part, and separating it from the outer firm portion, there is a zone of very varying width, very soft, and of a darker grey colour than the cortical portion. This part has the look of degenerated material, being apparently structureless, and very readily broken up. It may be noted that the rounded knobs on the surface, which had given the idea of fluctuation, are, when cut into, seen to consist of a soft, semi-solid material, similar in colour to the great mass of the tumour.

Nothing untoward occurred to retard the healing of the wound, and the patient was dismissed on the 18th March.

In the Western Infirmary, within the past twelve months, I have removed four tumours, including the foregoing, from the same situation. In July, 1878, case of M. V——, female, aged forty-four; duration of tumour twenty-five years. Aug. 1878, case of J. S——, female, aged fifteen; growth of six years' duration. Jan. 1879, case of J. S——, male, aged thirty-three; period of growth six years; while in Mrs. M'D——'s case the growth had existed twenty-six years. Each case began as a small nodule behind the left ear; all grew slowly, and were painless from first to last; the whole four were freely movable on the subjacent tissues; in none was there any bulging into the mouth, or any affection of the skin; there was no facial paralysis or other pressure-effect in any of the four cases; all the patients were in perfect health; and in each case the tumour was easily removed. While thus clinically identical, they differed microscopically: the first being an adenoid myxoma; the second, a pure adenoid; the third, a myxoma; and the present case a myxo-sarcoma.

THE PAST WINTER IN DAVOS.

BY DR. CLIFFORD ALLBUTT.

(Concluded from p. 78.)

CASE 55.—Arrived Sept. 29th. Aged twenty-four. Frequent pleurisies twelve months, and twice severe hæmoptysis. Phthisis in left apex; right apex defective. Perfect recovery. Gained 18 lb. No hæmorrhage during stay. Left in March.

CASE 56.—Arrived Oct. 2nd. Aged forty. Phthisis in left upper lobe two years; dulness and moist râles all over it. Recovered well; was able to take long excursions. Left Davos April, 1879.

CASE 57.—Arrived Oct. 6th. Aged twenty-four. Phthisis, bilateral, twelve months; left lung the worse. Arrived with fever and progressive disease. Fever and advance stopped in four weeks; progressive recovery. Small cavity in right upper lobe closed, and this lung sound except limited dulness at apex. Left lung dry and contracting. Gained 10 lb. Feels well. Left Davos April, 1879.

CASE 58.—Arrived Oct. 7th. Aged forty-two. Cough and clergyman's throat some months. Phthisis in right lung. Lung recovered. Left Davos Feb. 1879, the throat still troublesome and secreting.

CASE 59.—Arrived Oct. 6th. Aged thirty-four. Dyspepsia many years and nervous disorders. Stomach recovered, but nervousness remains. Left Davos March, 1879.

CASE 60.—Arrived Oct. 7th. Aged twenty-six. Phthisis in left apex; cavity. Cavity closed entirely, and infiltration vanished. Left in March as quite well. Gained 8 lb.

CASE 61.—Arrived Oct. 7th. Aged twenty-eight; worn-out young man. Commencing phthisis, bilateral. Recovery perfect; slight dulness still at left apex. Gained 10 lb. Left in April. This case at first sight was very unpromising.

CASE 62.—Arrived Oct. 10th. Aged twenty. Phthisis, bilateral, beginning with violent hæmorrhage. Profuse expectoration. Dulness in both apices, which disappeared entirely; at left apex the only remnant. Gained 11½ lb. Left, perfectly recovered, April, 1879.

CASE 63.—Arrived Oct. 11th. Aged thirty-six. Phthisis two years. Dulness in both upper lobes. Improved nicely. Dulness almost gone, but left apex unsatisfactory. Recovery incomplete. Left March, 1879.

CASE 64.—Arrived Oct. 11th. Aged forty. Hereditary phthisis in right upper lobe four years. Large cavity. Had severe pleurisy in Davos, and so progress arrested. Left March, 1879.

CASE 65.—Arrived Oct. 13th. Aged twenty-five. Phthisis in left lung; very low state. Fever not subdued; restless. Went, in Jan. 1879, to San Remo. Slight hæmorrhage occurred at Davos.

CASE 66.—Arrived Oct. 13th. Aged twenty-four. Bilateral phthisis. Large cavity, right apex; left apex dull. Moist sound, fever and sweats; gone in three weeks. No drawback. Recovered wonderfully. Left lung recovered; right lung dry and cavity contracting. Gained 13 lb. Left March, 1879.

CASE 67.—Arrived Oct. 15th. Aged forty-six. Asthma and clergyman's throat several years. Bronchitis; no signs of phthisis. Recovered. Asthma seldom. Health much better. Gained 12 lb. Caught cold shortly before leaving, and throat again troublesome. Left in April.

CASE 68.—Arrived Oct. 14th. Aged twenty-four. Hereditary phthisis; left apex. In four months gained 12 lb., and went on well, but was careless and lost in this way all he had gained, and left in March for South of France.

CASE 69.—Arrived Oct. 15th. Aged twenty-five. Hereditary phthisis. Cavity in right apex. Felt well all the winter, and scarcely any hæmorrhage. Gained weight. Cavity lessened. Went away in April far from cured.

CASE 70.—Arrived Oct. 20th. Aged fifty. Asthma; emphysema; chronic bronchitis and bronchiectasis; very nervous; cardiac palpitations; bad digestion; no appetite. Left in February for Italy. Reports no improvement there either.

CASE 71.—Arrived Oct. 22nd. Aged twenty-three. Hereditary phthisis; right, small cavity; two years. Good amendment. Lung better; cavity less and drier. Enjoyed life, and left January, 1879.

CASE 72.—Arrived Oct. 23rd. Aged twenty-five. Congestion of both apices; respiration defective; hereditary tendency. Gained 6 lb. Left March 30th, perfectly well.

CASE 73.—Arrived Oct. 24th. Hereditary phthisis; bilateral. Recovered strong and well. Left lung quite sound on departure, April 1st, 1879. Right apex still shows infiltration and bronchial respiration.

CASE 74.—Arrived Oct. 25th. Aged thirty-three. Hereditary phthisis, bilateral; chronic dyspnœa and diarrhœa. Lungs slowly improved; digestion did not. Diet ill borne. Went home, Feb. 1879.

CASE 75.—Arrived Oct. 25th. Aged thirty-two. Early phthisis in right side. Gained ground in first month, then caught cold repeatedly, and thus lung kept back. Left in March, 1879, with better physical signs, but health no better.

CASE 76.—Arrived Oct. 30th. Aged twenty. Phthisis in left side two years. General health improved; gained 7 lb. The whole left lung infiltrated. Left April, 1879.

CASE 77.—Arrived Oct. 30th. Aged twenty-four. Phthisis in left side; cavity. Very prostrate and weak; occasional diarrhœa and much digestive disorder. Is very home-sick. Lung got decidedly better, drier and less sputa. Fever and night-sweats cured; general health about the same. Left March, 1879.

CASE 78.—Arrived Oct. 30th. Aged twenty-one. Hereditary bilateral phthisis. Large cavity in left apex. Phthisical laryngitis. Got worse daily; far too ill to have left home. Returned home on Jan. 2nd. Died Feb. 7th.

CASE 79.—Arrived Nov. 1st. Aged forty. Phthisis in right side; extensive dulness; also ozæna. Good result. Gained 12 lb. Got strong and well. Left March 22nd. Lung cured; ozæna still troublesome, but not so bad as before.

CASE 80.—Arrived Nov. 7th. Age thirty-five. Nervous dyspepsia and headaches from overwork. Perfect recovery.

CASE 81.—Arrived Dec. 10th. Age twenty-one. Hereditary phthisis in right side. Recovered well, but slight dulness remains under clavicle. Gained 6 lb. Left Davos April, 1879.

CASE 82.—Arrived Dec. 21st. Age seventeen. Hereditary phthisis in left side. Very good result, but came too late for complete recovery. Gained 8 lb. Left in April, 1879.

CASE 83.—Arrived Dec. 10th. Age twenty-eight. Hereditary phthisis for several years. Arrived in bad state, with fresh irritation in the whole of left lung. Cavity, with moist râles. Extremely good amendment. He left in very good state in March, 1879. Cavity healing.

CASE 84.—Arrived in September. Age twenty-eight. Phthisis (hereditary?) Dull right apex and a few moist râles once heard. The dulness nearly disappeared, but a little consolidation seemed to remain. Gained weight and felt well the whole winter. Left in March.

CASE 85.—Arrived November. Aged twenty-three. Phthisis; dulness at right apex, which disappeared entirely, and recovery complete. Left in March. Gained 13 lb.

Besides the above cases I have knowledge of ten or twelve more, of which I have less accurate information. Of some I have not been able to obtain news. Of others one writes to me: "I have never been so well for years since I was at Davos." Of another young lady, who had advancing phthisis of one lung, Dr. Smyth, of Shipley, reports verbally, "She recovered completely;" but of her chest I have no notes. A lady whom I saw with Dr. Swanson, of York, with an obstinate catarrh of the left apex, is said to have done very well; but such cases as these I have not included in the above list of complete records.

The subject of this paper is so extremely important that I do not apologise for occupying the pages even of THE LANCET with the above brief notes. It will be seen that the cases are wholly unselected, and extracted as they came from the complete notebooks submitted to me. Of some of the cases I have personal knowledge. Considering the drawbacks of the past season these results are surely very striking. Omitting the cases published last June, we have before us now notes of 66 cases, 55 of which were phthisis in one form or other—55 cases of an organic disease which is the despair of the physician and the terror of the public. Now, of these 55 cases, which presented themselves in all stages, and many in their last hope, no less than 37 did really well. Some recovered entirely, others made great progress, and are likely to recover in another season. Some of these cases, such as Nos. 33, 41, and 83, are most remarkable, and Case 66 is a good instance of the wonderful effect of Davos upon many cases, even at the outset of treatment. Of those that died I am enabled to say, from personal knowledge, that more than one of these felt so much better at Davos than in England as to decline or be unwilling to return home, and to contradict the opinion that they ought never to have been sent thither.

I have taken great care to assure myself that the physical signs have been accurately noted, and I may add that in nearly all cases the examinations of the chests were made upon patients in bed in the early morning, before movement had aided in the expulsion of phlegm. A few cases of phthisis were syphilitic, but for obvious reasons these have been kept back, and it may be said in general terms that such cases derive far less benefit at Davos than at places where the special malady can be more thoroughly combated. It is true of *poitrinaires* at Davos, as at every other health-resort, that infirmity of purpose, conflicting engagements, narrowness of means, and the like, often interfere with the regularity or the completion of the curative course. It is well that all patients intending to visit Davos should be made aware that although, on account of a certain exhilaration in the air, the monotony of Davos is often unfelt, yet it is extremely monotonous, and not well provided with comforts and attractions either within or outside the hotels. The chief of these defects are in course of removal, and I am glad to hear that English nurses are now going out for the purpose of attending upon the invalided. Davos, however, is unsuited for the prostrate invalid. It has been improperly said that patients go thither expecting to breathe the mountain air, but that actually they breathe the air of stoves. The very reverse is the case. That heating by porcelain stoves is almost universal abroad is true enough, and such stoves give an equable warmth by no means objectionable if ventilation can be had with them. Now it is usual for patients soon to become so inured to the mountain air as to sleep with open windows; while, during the day, to spend as much time as possible in the open air is of the essence of the treatment. In fine seasons a great part of the patient's time can thus be spent day by day. Unfortunately the above notes testify to the frequency of colds, due to the unusual damp and the thaws, which, this winter, thus interfered with recovery, and kept the patients more than usual in-doors. Young men, and old ones too for that matter, will forget their instructions and spend their days at drinking-bars or billiard-rooms, and then go away complaining that they are no better. Others fall into the contrary error; they get rapidly better, seek no medical advice, or pooh-pooh it, career over the hills, wet their feet, wear foolish clothes, and so forth; and yet, after all, these patients as a rule do these things with a great measure of impunity. The striking and rapid improvement is generally in patients who are able to walk. The use of strong douches, so great a part of the early therapeutics of Davos, has now given way almost entirely to a mild tubbing; but alcohol is still found the great aid in combating evening fever.

Now, what practical help is the practitioner to draw from these records? That the results in this stern still climate are better than those obtained in the lovely, capricious, and treacherous Riviera is, I think, evident enough. Whether they compare to any great advantage with the curative effects of sea voyages is hard to say, but a residence at Davos, monotonous as it may be, yet in its summer and winter pleasures, in its greater and increasing comforts, in the systematic medical supervision, and in its open communications with home, must be far more desirable than the ordinary sea voyage.

The next question the physician will ask himself is, What class of cases are likely to do well at Davos, and in what stage? the latter question depending on the former so far as this, that a case of a proper kind might hopefully be sent in a later stage than a case of a less appropriate kind. Speaking generally, the cases which do so well at Davos, and of course elsewhere also, are cases of acquired phthisis when the patient is yet young and in possession of a good frame and fair physical powers. Such a case, sent, say, with consolidation of one apex or a simple cavity, is tolerably sure of cure. And I believe such cases may be sent to Davos not without hope even in advanced stages. Passing over the many intermediate cases and turning to those with strong hereditary tendency, with red tongues and irritable stomachs, with diarrhœa at times, rapid emaciation, excited circulation, and sharp evening fevers, and perhaps with neurotic complications, of these I have less hope even when the pulmonary signs are limited. I think such cases should scarcely be sent at all when the signs in the chest are much advanced, or the presence of abundant tubercle suspected. To send prostrate emaciated patients of this class "to breathe stove air at Davos," as Dr. Bennet says, is quite unjustifiable; and what are we to say of those who send patients with diffused tubercle, and suffering perhaps in lung, larynx, and bowel? Let such false kindness be resisted; let the physician learn to speak the grave truth to such sufferers, and tell them how little they have to hope for from anything but the comforts of home. Laryngeal phthisis, I fancy, does not do well at Davos, even when the patient is otherwise in fair condition, but on this I do not wish to dogmatise. To pass from phthisis to other chest diseases, it should be widely known that all heart diseases do better elsewhere, and that bronchial conditions do badly if associated with defective cardiac action or with senility. Asthmatic persons are so capricious that each patient has to find out a haven for himself; a given asthmatic may lose his asthma at Davos. Only young persons should try the experiment, and persons free from emphysema. Dyspeptic patients, again, may or may not do well at Davos, and should not go thither without a previous careful diagnosis of their case. Nearly all nervous complaints will do as well or better at other places. Finally, I find it necessary to impress strongly upon all lay persons the folly of going to Davos for health purposes independently of medical advice. I have some diffidence in saying this because I may seem to say it in the interest of my medical brethren. I say it, however, with a single eye to the good of patients themselves, who are often foolish enough to risk at least the loss of time and money, if nothing more, by seeking a health resort unsuited to the kind or degree of their malady.

Leeds.

NOTES ON A CASE OF FRACTURE OF THE SPINE.

BY J. PEPLOE CARTWRIGHT, M.R.C.S. &c.

THE patient, a strong, well-nourished, grey-haired man, married, aged fifty-seven, a farm labourer, fell from a haystack five yards high on July 30th, 1878. Circumstantial evidence from his companion on the stack suggested the probability of his falling on a brick, his left side being nearest the ground, the brick causing extension of the vertebral column. He had always been a strong man, working hard, and, as the usual concomitant, was a free drinker; remembered no previous illness except very slight attacks of bronchitis the last few winters; is father of sixteen children.

On examination, four hours after the accident, he was found lying on his back on the bed, perfectly sensible, slightly bruised about the head; motor power in both lower limbs completely suspended; could move arms and breathe easily. There was loss of sensation over the gluteal and sciatic regions and over the backs of the legs, but sensation was beautifully delineated and marked the cutaneous supply of all the branches of the anterior crural down to the inner ankle and the cutaneous supply of the small sciatic to the inner side of the posterior aspect of the thigh and of the inferior pudendal nerve. On examining the spine, no displacement of the spinous processes was found, but there was tenderness over the twelfth dorsal and first lumbar spines; no swelling. A catheter was passed and the urine drawn off, which process he could not feel.

From the position of the injury and the symptoms I presumed there must be a fracture of the spinal column about the eleventh or twelfth dorsal vertebra, with pressure on the cord either by displaced bone or effusion of blood. There being no deviation in the continuous regularity of the spinous processes, and taking into consideration the patient's age, I decided that it was not advisable to attempt to trephine.

The patient was placed on a water-bed, and the catheter used twice daily. On August 2nd the bowels were moved after a dose of castor oil; much constipated, quite involuntary action, no power over sphincter. On the 4th, beef-tea, brandy and eggs were administered. Temperature 98·4°; pulse 80; respiration 24. Bowels open, but very constipated. Patient had a slight cough, with slight mucous expectoration; dulness on percussion over posterior surfaces of both lungs. On the 10th, the bowels not being open, a dose of oil was administered, which produced a large constipated stool, this being only the third motion since his accident on July 30th. Tongue furred; urine acid, sp. gr. 1020, no albumen. Catheter passed as usual.

From this time to his death, on October 27th, he micturated into a urinal, and his bowels were open regularly every morning about the same hour, there being no indication of this to the knowledge of the patient.

On August 30th, a month after the accident, bedsores formed over the seat of fracture and over the sacrum. Though his appetite was fairly good, and he partook well of eggs, brandy, milk, beef-tea, &c., he gradually grew weaker, and the bedsore over the sacrum a fortnight before his death extended over the whole of that bone (where necrosed bone could be felt) and over the lumbar vertebræ, and this in spite of every care to prevent their spread, they being carefully and frequently dressed with unguentum resinæ and charcoal poultices.

Oct. 27th.—After gradually sinking, the patient died this morning, the bowels having been open yesterday, and the urine voided, as it has been since August 10th.

Necropsy.—The eleventh dorsal vertebra was found to be fractured through the base of the spinous process, the fracture extending through the left lamina to the articular portion and into the body, the posterior part of the lamina being crushed and pressing in upon the lower portion of the spinal cord and nerves surrounding it. There was entire absence of union at the seat of fracture. The bladder was healthy.

Remarks.—The points of interest in this case seem to me to be: Firstly, whether the fracture was caused by the extension of the spinal column from his falling on the brick, or whether, from the crushed state of the lamina, it was not rather caused by direct violence through the lamina coming in contact with the edge of the brick. Secondly, whether, considering the only partial loss of sensation, and that the strength of the patient was comparatively good, it would have been advisable to trephine. Thirdly, the extraordinary passage of urine and fæces, and the healthy state of the bladder and urine, even to the end. Can the regular every-day movement of the bowels after the first ten days of the illness be attributed to a rhythmical action of nature to perform the functions of habit tutored by the training of fifty-seven years of regularity, although all voluntary motion, control over, and knowledge of, the action of the sphincters had been suspended? And how can it be accounted for that the urine kept acid, constantly passed at specified times, and set up no irritation to cause cystitis, uretitis, or pyelitis?

Lymm, Cheshire.

CASE OF

RUPTURE OF THE FALLOPIAN TUBES.

BY HENRY FISHER, M.D.

MRS. S——, aged forty, was first seen by me after her being twelve hours in labour. I found her very feeble, with a pale anxious expression of countenance, and sickness of stomach. On examination the os was dilated about an inch and a half, but very rigid and unyielding to the effort of dilatation with the finger. I waited about two hours, during which time the labour became weaker, and vomiting more troublesome, but the os had decidedly given way a little, and the head advanced into the pelvis. As the woman complained of great sinking, as if she were dying, I proposed to relieve her with the forceps, but which she strenuously objected to. However, after about another hour, she revived a little, and, with a brisk pain, gave birth to both fœtus and placenta, the child being dead. I left her soon after with a good contraction of the uterus.

Six hours afterwards I was hurriedly sent for to see the patient, who was suffering, and had been through the interval, with incessant vomiting and faintings. This was slightly relieved with ice and small quantities of brandy, so long as no attempt was made to give any kind of food, which would be immediately rejected. At the end of forty-eight hours no urine had passed, nor was there the least inclination for so doing. I administered an enema of warm water, which brought a quantity away from the bowels, but no action of the bladder ensued. Soon after, I passed a male catheter, but found the bladder empty, the catheter passing so freely to nearly its full length that I suspected a rupture of the viscus. Having tried every remedy to allay the sick stomach without avail, she gradually sank, and died on the sixth day. My curiosity to know the real cause was so aroused that I made a request of the husband to grant me a post-mortem examination, which he very reluctantly acceded to on condition that he should superintend it.

Post-mortem examination.—My first move was to the uterus, which I found impacted in the pelvis, about the size of a very large cocoa-nut, having a black and bruised appearance on the right side about the size of the palm of the hand. The Fallopian tube was ruptured about two inches from the uterus, together with the broad ligament as far as the ovary. The tube itself was about the thickness of the little finger, presenting the appearance of a firm blood-clot. Turning to the left side, I found the Fallopian tube in the same condition, but not the uterus. Cutting into its substance on the right side, I found the organ perfectly healthy, also its cavity. On lifting it out of the pelvis I discovered about four ounces of blood. The bladder was quite empty, and the mucous lining showed considerable inflammation of a chronic character. The stomach was healthy, with the exception of congestion of the vessels on its inferior margin. Having satisfied myself that all the other abdominal viscera were healthy, I came to the conclusion that I had found the cause of death, and, very much to the relief of the husband, concluded my search.

I congratulated myself in this case on not having applied the forceps, as most assuredly the cause of death would have been attributed to it. This was a temperate and healthy woman, with five children, up to the time her labour com-

menced; but whatever occurred during the time of labour before I saw her to make her tell the nurse she never should recover, the result at all events verified her prediction. The case is a novel one, and may prove interesting to others as it has to myself and Mr. Sannemann, who came to my assistance in consultation.

Chelsea.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tam aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF POPLITEAL ANEURISM; CONSOLIDATION UNDER ESMARCH'S BANDAGE; RETURN OF PULSATION; LIGATURE OF FEMORAL; APPARENT CONVALESCENCE; SECONDARY HÆMORRHAGE; SECONDARY LIGATURE OF FEMORAL; DEATH; REMARKS.

(Under the care of Mr. THOMAS SMITH.)

THE following case, as regards results, stands in melancholy contrast with that reported in the "Mirror" last week from the York County Hospital. In the latter case cure rewarded the labours of the surgeon and his assistants, whereas in the former Nature seemed to delight in baffling and defying all ingenuity and skill. It is difficult to account for the untoward result. Secondary hæmorrhage thirty-one days after ligature, and eight days after cicatrisation of the external wound, is an uncommon event. The explanation offered by Mr. Smith in the appended remarks is perhaps the true one.

For the following notes we are indebted to Mr. S. S. Burne, house-surgeon.

J. D——, aged forty-eight, was admitted on Dec. 12th last with the following history. He had been for many years in the army, and had served abroad. He had syphilis in early life. He was quite well up to eight months before, when he first noticed a painful swelling in his popliteal space. Five months later it became so painful that it prevented his walking, and he was admitted into the Richmond Infirmary with a popliteal aneurism. He was treated by Esmarch's elastic bandage, both with and without chloroform, with the result of twice stopping the pulsation, which, however, soon returned. Flexion was also tried, but could not be borne.

After he had been in the hospital a day or two it was decided to try pressure by the elastic bandage again, and on Dec. 15th this was done. Pressure was begun at 11.15 A.M. in the following way: An elastic bandage was applied all up the leg as far as the tumour, and a shorter one was put tightly round the thigh above the aneurism. The swelling was then covered by a flannel bandage applied round the knee. The elastic bandage was removed, on account of the pain, in an hour, and digital pressure was then applied for fifteen minutes, after which a tourniquet was put on and kept on for two hours and a quarter. The bandage was then reapplied and kept on for an hour and a half, when the tourniquet was put on, and, on removing the bandage, the tumour felt solid. A little later, when the tourniquet was taken off, there was no pulsation in the aneurism. In about a quarter of an hour pulsation returned, and the bandage and tourniquet were again applied alternately for an hour and a half, and again the aneurism felt solid. As the patient could not bear the pain any longer, the limb was put up in a flannel bandage, and the tourniquet was put on very lightly.

Next morning the tumour was found to pulsate. The tourniquet was therefore tightened, and kept on about three hours. At the end of that time pulsation had again ceased, but returned in the course of a few hours. As the skin was getting red and tender over the artery the treatment was not continued, and it was decided to ligature the artery.

The patient was left quiet for a fortnight; and on Jan. 1st, 1879, Mr. Smith tied the femoral artery in Scarpa's triangle. The operation was done under the carbolic spray. The artery was tied with carbolised silk and the ends cut short; a drainage-tube was put in the lower end of the wound, and a gauze dressing applied. Evening temperature 99·5°. Except on this single occasion the temperature did not exceed 98·6°.

The wound—which was dressed on the 3rd, 5th, 7th, 10th, 12th, and 17th—rapidly healed, and the patient was allowed to sit up on the last-named date.

On the 21st the antiseptic dressings were removed, and boracic ointment applied. The patient walked on crutches. Two days later the wound was quite healed.

On the 28th a swelling was noticed under the lower part of the cicatrix; and on the 30th, at 9 A.M., the patient noticed blood running down his thigh. The lower part of the cicatrix was found to have been opened and blood was oozing from it. There was a good deal of swelling in the surrounding parts. The bleeding was controlled by a light pad and bandage.

On Feb. 1st, at 3 P.M., bleeding recurred rather more profusely. A consultation was held, and it was determined to examine the wound. The patient was accordingly put under chloroform and the wound reopened. The ligature was easily found. The artery was then tied above and below with carbolised silk, and the artery divided between the two, the old ligature being removed. The ends of the ligatures were left in the wound, which was brought together with two wire sutures, and a strip of tissue was put in as a drainage. At 10 P.M. he was rather nervous about himself. Pulse 100; temperature 104·2°.

Next day he was better; the wound was dressed. Pulse 96; temperature 100·6°. At 11 P.M. the temperature was normal.

He felt well, and his temperature and pulse were normal, for the next three days.

On Feb. 6th he felt as though he had caught a chill. Wound syringed and dressed. Pulse 96; temperature 104·2°.

7th.—Slept well. Tongue furred. Drowsy. Wound dressed. Pulse 108; temperature 104·2°.—10 P.M.: Pulse 105; temperature 102°.

8th.—Slept well. Wound looked well; was healed with the exception of where the ligature-ends were. Complained of pain on respiration. Pulse 108; temperature 102°.—10 P.M.: Pulse 108; temperature 101·5°.

9th.—Had diarrhœa last night, which was stopped by aromatic draught. Pulse 105; temperature 101·3°.

10th.—Slept well. Tongue furred. Both hands are swollen. Pulse 114; temperature 104·6°.

11th.—Slept well. Tongue dry and brown. Petechiæ on fingers and hands. Pulse 116; respiration 44; temperature 103°.

On the 12th he became insensible, and died about noon.

A post-mortem examination could not be obtained. The wound was examined, and the following description is that kindly furnished by Mr. Eve, the curator of the museum:—The wound had healed on the surface; the ligatures protruded through two small fistulous tracks. On cutting through the scar, a small abscess containing ichorous pus was found lying over the vessels; into this cavity the ligatures passed. The cut ends of the vessel had united above the upper ligature. The vessel contained a clot about an inch and a quarter long. The lower part of this clot was pale and loosely adherent to the wall of the vessel. Below the lower ligature there was a small clot about a quarter of an inch long, and very slightly adherent. The lining of the femoral vein was stained; its canal was patent; a clot partially filled its upper third. This clot was rather firmly adherent to the wall of the vessel; it was decolourised, and commenced immediately behind the cusp of a valve. At this point a large vein, filled by a clot, opened into the femoral. The conical end of this clot projected into the femoral vein. No injury was apparently done to the vein in the passage of the ligatures, nor did any small branch appear to have been injured.

Remarks.—The chief peculiarity of this case was the unstable nature of the clot obtained by compression. On several occasions the tumour became solid, but the clot subsequently dissolved, and this happened so often that compression had to be given up, and the femoral ligatured. The occurrence of secondary hæmorrhage may very possibly have been due to the same cause, the clots in the vessel not being strong enough to withstand the force of the circulation. What was the peculiar condition which led to these effects in this patient

it is impossible to say. The man had cardiac disease, and this, by its action on nutrition, may have caused it. Or, possibly, there may have been some local condition in the aneurism favouring the dissolution of the clot.

CENTRAL LONDON SICK ASYLUM.

ENCYSTED STONE IN THE BLADDER; LITHOTOMY; RECOVERY.

(Under the care of Dr. LEDIARD.)

DANIEL D——, aged fourteen, working in a black-lead manufactory, was admitted on March 10th, 1879. His father, who was in the same ward with phthisis, stated that the boy began to suffer with pains in his back and loins when he was ten years of age, and was then supposed to be suffering from gravel. He was taken to a hospital, and the bladder was examined, but no stone was found. For the last three years he has had pain after micturition, and had sometimes writhed with agony. There had been dribbling for three months, and the lad always seemed languid.

On examination, the patient was tall for his age; he appeared nervous and irritable; there was a strong smell about the bed, and he had a long prepuce. On passing a sound a stone was immediately struck. His urine contained a trace of albumen, much pus, and crystals of triple phosphate.

On the 13th the patient was put under chloroform, the bladder was injected with three ounces of tepid water, and the lateral operation for lithotomy was performed. On seizing the stone, an outer shell broke away, leaving a large mass firmly fixed towards the fundus of the bladder, which refused all efforts at extraction; with, however, the aid of a pair of old bullet-forceps, made to unlock, the bladder was separated from the stone all round (the process was similar to that of peeling an orange with a spoon), and whilst this was done, it was found necessary to depress the bladder from above with the hand of an assistant. Ultimately the nucleus of the stone fell into the bladder, and was easily removed. The vesical mucous membrane was then carefully scraped until all incrustation was removed, and no particle of grit felt. There was no more than ordinary bleeding, but the bladder had been subjected to considerable handling.

It had been previously observed that the stone was always found in the same spot, and when the patient was tied up for operation, the stone lay above the end of the staff instead of beneath its convexity. As far as could be judged, about two-thirds of the calculus was encysted and one-third only projected into the bladder.

The temperature rose to 101°, remained thereabouts for four days, and then sank to normal. The bowels acted on the sixth day, and urine flowed per urethram on the twentieth day for the first time, ceasing to pass by the wound entirely by the thirtieth day after operation.

The weight of the stone was six drachms, inclusive of the nucleus, which weighed one drachm. The latter was formed of numerous laminæ of uric acid, and the shell was phosphatic.

LOUGHBOROUGH INFIRMARY AND DISPENSARY.

SEVERE SCALD OF MOUTH; ŒDEMA OF THE GLOTTIS; TRACHEOTOMY; RECOVERY.

(Under the care of Mr. EDDOWES.)

FOR the following notes we are indebted to Mr. J. B. Pille, house-surgeon.

L. S——, aged three, was taken to the dispensary by Mr. Bothamley, *locum tenens* for Mr. Eddowes, on the evening of April 2nd, 1879. The case being very urgent, it was decided that tracheotomy afforded the only chance of recovery. Chloroform having been given, Mr. Bothamley at once operated. The child was put to bed, the orifice of the tube being loosely covered by a flannel wrung out of hot water; an arrangement was also made by which the child breathed a mixture of air and steam.

Next day the respiration and pulse were so rapid as scarcely to be counted. The child was very restless, and expectorated viscid mucus; coarse râles in bronchi, and sonorous and sibilant rhonchi over chest. A large mustard poultice was applied over the chest; a nutrient enema with three drops of solution of opium was administered by the rectum.

On the 4th the child was much better; the respiration was slower and stronger, and the abnormal chest-sounds were less marked.

On the 6th he was restless. Nutrient enema with the opium was repeated. Next day half-grain doses of quinine in beer twice a day were ordered.

On the 8th, breathing through the glottis being tolerably free, the tube was removed.

On the 9th, about 10 P.M., the patient was seized with a severe paroxysm of coughing, which lasted half an hour and threatened suffocation (probably due to the inhalation of some foreign body). The tube was reintroduced, but as this did not relieve the symptoms, it was again removed. The cough gradually subsided, and, a sedative draught being given, the patient passed a fairly good night.

From this date the patient progressed satisfactorily, the wound gradually closing He was discharged well on the 22nd of April. His diet throughout consisted of milk, beef-tea, and wine.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

Second Session 1879.

THURSDAY, JULY 17TH.

DR. ACLAND, President, in the chair.

After the President's opening address (which we published in full in our last issue) the Business Committee was appointed, consisting of Dr. A. Smith, Dr. Leet, Dr. Haldane, Dr. Pyle, and Dr. Wood.

Before a ballot was taken for the Executive Committee, Sir JAMES PAGET asked to be relieved from his duties on the Committee, owing to the extreme pressure of other work.

The following gentlemen were then appointed on the Committee: Dr. Pitman, Dr. Humphry, Dr. Wood, Dr. A. Smith, Dr. Quain, and Mr. Simon.

The following report was then presented by the Executive Committee:—

(A) Referring to the following resolution passed by the General Council on Oct. 17th, 1878—"That the payments made out of the Dental Registration Fund for defraying the expenses of dentists' registration, and for other expenses of the execution of the Dentists Act, be in proportion to the expenses incurred in transacting the business of the Medical and Dentists Acts respectively,"—resolved: (*a*) That, as there are certain expenses which cannot be kept distinct—viz., salaries, house expenses, postages, and various incidental expenses,—these expenses be apportioned as follows: the General Council to pay one-half; the English Branch Council to pay one-fourth; the Dental Registration Fund to pay one-fourth. (*b*) That, as regards the expenses which can be kept distinct, they be apportioned as follows: the fees to members of the Council for attendance at meetings of the General Council, and of the Executive Committee, shall be borne in proportion to the time occupied in the general and the dental business respectively; the expenses of printing, on account of the general and dental business, shall be borne as incurred by each department respectively.

(B) Referring to the above-cited resolution, and to the further resolutions in Minutes, vol. xv., p. 158, clause 22, and in vol. xvi., p. 121, and clause 9 on p. 141,—resolved: (*a*) That an additional honorarium of fifty guineas be given to the registrar, on account of extra duties connected with the dental business, to be paid out of the Dental Registration Fund. (*b*) That, in consideration of the additional duties devolving on the registrar in consequence of the passing of the Dentists Act, his salary be £600 a year—whereof, pursuant to the foregoing resolution (A), one-half shall be borne by the General Council, one-fourth by the English Branch Council, and one-fourth by the Dental Fund; the payment of the salary to date from the passing of the Dental Act.

On the motion of Dr. WOOD it was resolved, "That the report be incorporated with the standing orders, which shall be altered accordingly."

A committee having been appointed to prepare a new edition of standing orders, a series of communications were laid before the Council from licensing bodies, in answer to the ophthalmic and obstetric memorial, sent on March 31st last to those bodies as directed by a resolution of the Council. On the motion of Dr. Humphry the communications were referred to a committee to report thereon to the Council at its next session.

Mr. SIMON then moved, "With regard to Sections 4 and 23 of the standing Recommendations of the General Medical Council on Education and Examination, to move as follows:—That the subject of 'Elementary Mechanics of Solids and Fluids—meaning thereby mechanics, hydrostatics, pneumatics, and hydraulics,' be no longer recommended by the Council as an optional subject of preliminary education, but be recommended as one of the subjects 'without a knowledge of which no candidate should be allowed to obtain a qualification entitling him to be registered;' and that it be referred to the Executive Committee to amend to this effect Sub-section 6 of Section 4, and Sub-section 1 of Section 22 of the standing Recommendations." He said it had been evidently by an oversight the subject of elementary mechanics had been omitted from the compulsory subjects. Every teacher of anatomy would know how inconvenient it was to teach medical students who did not know the elements of mechanics. Every poor-law medical officer was liable to be called upon to act as an officer of health, and was expected to advise on subjects of ventilation and other matters, for the treatment of which some knowledge of pneumatics and other branches of mechanical science was necessary. As matters stood, the subject was not now compulsory, and was therefore placed below geometry and Latin.

Dr. FERGUS seconded the motion.

Mr. TURNER said it was of great importance that all medical students should possess some knowledge of elementary mechanics; the only question was as to the place that the examination in the subject should occupy—whether it should be in the preliminary or in the professional examination. He should prefer that it formed part of the preliminary.

Dr. HAUGHTON said that by adopting Mr. Simon's proposal to promote elementary mechanics from an optional to a compulsory subject the Council would pass a slight on Greek, French, and German, which were optional subjects. Although he agreed that it was desirable to have elementary mechanics as a compulsory subject, he regarded that as a very small question as compared with the question of Greek. He considered that the Council had failed in its duty in shrinking from making Greek a compulsory subject at the examination. It would be easier for the schools to teach the students Greek than to give them the necessary knowledge of mechanics, which could only be properly taught in the laboratory and by demonstration. He strongly objected to the wording of the proposed resolution. Whoever drew it up had not the slightest idea of what "hydraulics" meant. (Laughter.) The subject was one that had taxed the faculty of the highest mathematicians of the country. The subject ought to be defined as "elementary knowledge of mechanics, hydrostatics and pneumatics," meaning by hydrostatics the statics of liquids, and by pneumatics the statics of aeriform bodies. He proposed that the matter should be referred to a committee, who should also consider whether Greek ought not to be made compulsory.

Mr. MACNAMARA seconded Dr. Haughton's amendment.

Sir W. GULL referred to a statement made at the Council by Dr. Stokes in 1865, from which it was understood that hydrostatics should form part of the preliminary education of a medical student, and complained that fifteen years afterwards a proposal should be made to refer the subject to a committee. It could only be by some strange accident that the subject of elementary mechanics was made optional instead of compulsory. Let it now go forth to the world that there was actually a fear in the Council that a man should know more of mechanics than he did of Greek, and that one of its members had cautioned them not to promote unduly physical knowledge over the knowledge of Greek for a medical student. If such a suggestion was not ridiculous enough for *Punch* he did not know what was. He hoped the Council would not be so foolish as to appoint a committee to determine which of the two subjects was of the greatest importance.

Dr. ROLLESTON was of opinion that the subject should be placed *de rigueur* in the first professional examination. It would entail a large amount of trouble and expense to have mechanics taught as an elementary subject in the schools. In many middle-class schools Greek was practically prohibited, and he would suggest whether German might not be taken as an alternative subject instead of Greek. Greek was a matter of purely literary interest, and was very of little use to the general practitioner.

After some further discussion as to whether the subject of mechanics should be taken in the preliminary or in the professional examination, Mr. Simon proposed to add to his resolution, "It being understood that the examination in this branch of knowledge may be passed either as preliminary or as first professional." On the introduction of these words Dr. Haughton expressed himself satisfied, and withdrew his amendment. The motion was then put, and unanimously adopted, Dr. Haughton expressing a hope that the common sense of the committee would enable them to deal satisfactorily with the word "hydraulics," to the introduction of which he had taken exception.

The next subject on the programme was the consideration of the answers from medical licensing bodies to a letter sent to them by the Executive Committee, in regard to the preliminary education and examination of medical students. This had been adjourned from a former meeting of the Council.

Dr. STORRAR said he thought the matter could very properly be postponed till the next meeting, with the view of the whole subject of preliminary education being then reconsidered.

Dr. HAUGHTON thought it would be rather strange to postpone it again. The Council had not at present a very high character for the prompt discharge of its duties.

Dr. PITMAN said the subject had been adjourned to the "next session," but there had been three sessions since.

Sir W. GULL suggested that it would be advisable to appoint a committee to report to the Council at its next sittings.

Dr. STORRAR said the difficulty was that such a committee must necessarily be composed of gentlemen from all three divisions of the kingdom, who could not be expected, without payment, to travel to London to attend the meetings.

Mr. SIMON said the Council had power to fix a fee for the committee, and he thought the committee should not be stopped on the question of payment.

Sir WM. GULL proposed, "That the answers from the licensing bodies to a letter sent to them by the Executive Committee with regard to preliminary education and examination of medical students be referred to the Branch Councils in each division of the kingdom for report to the Council at its next meeting for the full consideration of the subject."

Dr. AQUILLA SMITH seconded the motion, which was agreed to.

In March last a letter from Mr. Eames, house-surgeon, Glasgow Royal Infirmary, to the Branch Council for Scotland was read, in which that gentleman drew attention to the rules of the Royal College of Surgeons, Ireland, with regard to preliminary examination and registration of students, and requested permission to present himself for final examination in April last. Thereupon it was resolved to send the communication to the Royal College of Surgeons, Ireland, calling attention to the recommendation of the Council, that, "The several Branch Councils shall have power to admit special exceptions to the foregoing regulations as to registration, for reasons which shall appear to them satisfactory." An answer had been received from the Irish College of Surgeons, stating that, "Since the foundation of this College, evidence of having passed a preliminary examination has been a *sine quâ non* to enable candidates to present themselves for any of our professional examinations; and the vast majority of our students as a matter of fact do pass such examinations previous to commencing their professional studies. From time to time, however, exceptional cases crop up, and upon these cases this Council cannot consent to resign into other hands than their own the right of adjudication." This matter now came before the Council for consideration.

Dr. WOOD, in moving that the communication be received and entered on the Minutes, said before proceeding further he thought it would be right to have a statement from the representative of the Royal College of Surgeons of Ireland, as to whether or not it was correct to say that, "According to the rules of the College of Surgeons, Ireland, a student gets credit for all professional studies prior to his passing an arts or preliminary examination, and the consequence of this is that the Irish students put off their registration, all that is required by the R.C.S.I. being that they should, upon presenting themselves for examination, have their necessary professional certificates, with certificate of having passed the preliminary at some date prior to going in for examination."

Mr. MACNAMARA said the information required was contained in the reply of the College of Surgeons. It might save the time of the Council if he at once informed them that no student was allowed to present himself for any professional examination at that College until he had passed a preliminary examination, and produced evidence of having done so. As was stated in the answer, the vast majority of the students passed their preliminary examination previous to commencing their professional studies, but occasionally, for various reasons, a student might not have passed the preliminary examination, and the Royal College of Surgeons in Ireland felt that they were perfectly competent to decide upon these occasional matters. They held a charter, and under that charter they acted.

Dr. FERGUS asked if students at the Royal College of Surgeons of Ireland were admitted to the final examination before they had been forty-five months registered as medical students.

Mr. MACNAMARA said there was nothing in the Act of 1858 conferring upon the Medical Council power to override the rights of the Royal College of Surgeons of Ireland. If the Council considered that that College was not educating up to a proper level, they had the power of making a representation to the Privy Council. The College did not require any certificate of a candidate having been registered at all, and that was another recommendation of the Medical Council to which the College did not think it necessary to attend to.

Mr. SIMON said he was perfectly confident that whatever the College of Surgeons of Ireland had done in this matter they had done in perfect good faith, but he thought it was the duty of the Medical Council to deal quite frankly and straightforwardly with the question. It was quite open for the representative of the College of Surgeons to move to amend the recommendations, but while those recommendations stood, it was the business of the Council to see that they were followed, or if they were not followed to have some better justification than had been given in this case. The Council could not, without utter self-stultification, allow the ground to be taken by any particular body that whether the recommendation should be attended to or not depended upon the *voluntas* of that body. He hoped that the College of Surgeons would retreat from the position they had taken up, which he ventured to say was not worthy of its high character.

Dr. HAUGHTON said he also felt that the Irish College of Surgeons had placed itself in a somewhat wrong position; but he wished to say a few words in mitigation of damages. The offence appeared to him not so serious as at first sight it might seem. He could state from personal knowledge that the licentiates of the College of Surgeons received more than forty-five months' *bonâ fide* medical education; and the only question was as to the technical date of registration. He thought the Council was somewhat to blame with regard to preliminary examinations, for they had fixed the standard too low, so that students might think it a very mild offence not to pass it. The whole of a man's arts training was risked on one examination, and he considered that wrong policy. In the early part of his life he himself had personal experience in training young men for such examinations. During the Crimean war he acted as a crammer for young men for the artillery at Woolwich; and the result was that he put a number of young men into Woolwich who could never get out. (Laughter.) Examiners were children in the hands of crammers, and he backed the crammers against the examiners any day. The offence committed by the College of Surgeons of Ireland was a technical one; and, as the whole idea of the preliminary examinations was wrong from the beginning he thought that the Council, before enforcing their recommendations rigorously, should alter their system.

Sir JAMES PAGET said this discussion seemed to read the Council a very useful lesson as to the subjects on which they should give recommendations. They should confine their recommendations to questions of principle—to matters which were so important that if their declarations with regard to them were not obeyed, it would be justifiable to appeal to the Privy Council.

Sir WM. GULL said he was prepared to move the following resolution: "That the secretary of the Council of the Royal College of Surgeons of Ireland be informed, for the information of his College, that in the opinion of this Council the continued non-compliance with the recommendations of this Council in respect to the preliminary examination prior to registration is much to be regretted, and this Council trusts that the Council of the Royal College of Surgeons of Ireland will reconsider their action on the matter in question."

Dr. Wood's motion for entering the correspondence on the Minutes was agreed to, and Sir Wm. Gull's motion was then discussed.

Mr. SIMON seconded it. He said he quite agreed with Sir James Paget as to the inadvisability of the Council issuing minute recommendations, and for many years he had endeavoured to reduce the recommendations to a minimum; but if there was any recommendation whatever on which the Council was agreed, it was that there must be a certain amount of time for medical education, and that time had been fixed. It was required that about four years should be given to medical study without encroachment upon other studies. That period of time was fixed on the understanding that the preliminary knowledge should be truly preliminary. The action of the College of Surgeons of Ireland in the matter could not be considered a mere trifle by the Council.

Sir D. CORRIGAN said he was not surprised at Dr. Haughton's attempt to defend Mr. Macnamara on the principle that "a fellow-feeling makes us wondrous kind." The charge against the College of Surgeons was that it permitted students to undergo their preliminary examination after they had commenced their professional studies; but Trinity College, Dublin, admitted a student on payment of five shillings without any preliminary examination. He could not be a party to pouring all the vials of wrath of the Medical Council on the unfortunate College of Surgeons, but thought if they censured anybody they should include in that censure Trinity College.

Dr. HAUGHTON said that Sir Dominic Corrigan had made a statement calculated entirely to mislead. The case that he had mentioned was purely imaginary. "The School of Physics Act," which was passed in 1800—the last Act but one of the Irish Parliament,—contained a provision by which students might obtain the benefit of medical education without matriculating in arts; but after sixteen years' personal knowledge of the school as medical registrar, he could assert that never, since the recommendation of the Medical Council was sent out, had a single student been allowed to matriculate in medicine in the University of Dublin without having passed one preliminary arts examination. Although Sir Dominic Corrigan might say that, according to the Act of Parliament, such a thing was possible, yet the action of Trinity College was the highest testimony that could be given to the loyalty of that body to the recommendations of the Medical Council. They had laid themselves open to a difficulty, for several students actually said, "We will compel you to admit us to the School of Physics on payment of the five shillings under that Act"; but he (Dr. Haughton) replied to them, "I refuse to take you, and I will endure the consequences." He never heard anything more about them.

Dr. WOOD said he did not know that the Council had ever had a more important subject before them. They had again and again been twitted with taking no action. The Medical Council had insisted on preliminary examination on general education, so that what was in former days called by courtesy a learned profession might become so in reality. Their object was to make it really preliminary and to prevent the attention of students being diverted to other subjects during the course of their professional study. Was the College of Surgeons of Ireland to be exempt from what all the other bodies were endeavouring to carry out? He really thought that Sir William Gull's motion was the very mildest form in which the opinion of the Council could be expressed. It was right to deal tenderly in this case; but if the College of Surgeons of Ireland after this should say, "We will not comply with your recommendation," this was exactly one of the cases which should be carried to the Privy Council. He therefore hoped that the College of Surgeons of Ireland would consider it far better to comply with the recommendation of the Council.

Sir DOMINIC CORRIGAN, referring to what Dr. Haughton had said, read from the Dublin University Calendar the rule to which he alluded, and said that it quite bore out his statement that a student was allowed to register as a medical student merely on payment of five shillings.

Dr. HAUGHTON said he would not be allowed to do so. He must be matriculated, and in addition to that must pay five shillings.

Mr. MACNAMARA said Sir W. Gull's motion was couched in language for which he felt exceedingly grateful. It was courteous to the Royal College of Surgeons in Ireland, while at the same time supporting the dignity of the Medical Council. He thought, however, the fact had been lost sight of that there was not a very wide difference of opinion between the College of Surgeons and the Council. The College of Surgeons of Ireland was very proud of the fact that from the period of its foundation a hundred years ago to the present time they had always insisted on the *bonâ fide* examination in arts as a preliminary to conferring its licence. The only difference was that the Medical Council recognised that exceptional cases might arise, and considered that those exceptional cases should be decided by the Branch Council. Naturally enough, the College, which had given such thorough proof of its devotion to preliminary education, felt somewhat jealous about yielding up its functions to a Branch Council. The exceptional cases were very few; and if it would afford the slightest gratification to the Council, he would take care to get a return of their number, and he was sure they would be a little startled at the paucity of them. After all, this was a fight about what would prove to be a mere bagatelle. He was certain that Sir W. Gull's motion would be taken into the most respectful consideration by his College. They felt a little sore at the Medical Council wishing to take away a privilege from them; but he thought it was more than probable that they would be found to be as loyal to the Medical Council as any other body.

Dr. A. SMITH said he considered it rather unfortunate that Mr. Macnamara had not stated at the commencement of the discussion that the number of exceptional cases was so very small. If he had done so, in all probability the discussion which had taken place would not have been necessary.

Sir Wm. Gull's motion was then put to the Council and carried, only two members voting against it.

The Council then adjourned.

FRIDAY, JULY 18TH.

Dr. ACLAND, President, in the chair.

Mr. MACNAMARA proposed, "That it be the duty of the branch registrars in the several divisions of the kingdom to register, at the commencement of each session, the names of all students, and the hospitals and lectures for which they may have entered, and that it be strongly recommended to each of the licensing bodies not to accept any certificate for attendance on hospitals or lectures, unless such shall be certified to them by the branch registrars as having been duly entered in these registers on or before the last day fixed in each division of the kingdom for the commencement of the session." He explained that he moved the resolution partly in consequence of what had occurred on the previous day. He further stated that the College of Surgeons in Ireland had long insisted upon preliminary examinations, and was anxious to make education as complete as possible. Different dates had been fixed in different parts of the kingdom for the commencement of medical study, and it was quite possible for a student to have fulfilled all the requirements of the Medical Council although he might have entered too late to attend the first year's lectures. If the College of Surgeons in Ireland established a rule insisting that a student entering for lectures should attend them and should *bonâ fide* commence his studies at the period laid down, the only result would be that the student would go to some other place where such a rule did not prevail, and where a certificate might be accepted representing only a very small number of attendances. Dr. Haughton had been in the habit of insisting on the roll being called every day, and the certificate stated that so many lectures had been attended. The course of lectures with which he was most familiar (materia medica) consisted of forty lectures, and the student was required to attend at least thirteen of them. There were six medical schools in Dublin, at all of which the proposed regulation might be carried out. Some additional labour might be thrown on the registrar, who would of course be entitled to some remuneration, but the funds of the Council could not be better spent than in adopting measures to secure the *bonâ fide* attendance of students at lectures. In some places students presented themselves at a school, and, after entering their names, disappeared for the rest of the session.

Dr. WOOD.—Where?

Mr. MACNAMARA would only say that it was not in Ireland; though it was pretty well known that in Ireland students might enter late for lectures, there were bodies that, innocently enough, accepted certificates improperly given; that, he believed, was the case with the College of Surgeons in Scotland, and the College of Surgeons in England.

Dr. HAUGHTON, in seconding the motion, said he thought some steps ought to be taken to remedy the abuses complained of; but he thought that the resolution did not go far enough.

Dr. WOOD said it rested with the authorities in Ireland to see that the certificates were granted *bonâ fide*.

Mr. MACNAMARA asked if it was not a fact that in Scotland certificates from Ireland were accepted which did not show what attendance there had been.

Dr. WOOD said that too much confidence had been placed in the certificates from Ireland; but if they did not reform those certificates would not be received at all.

Dr. ROLLESTON said that in 1869 Mr. Simon had suggested that returns should be made from the examining boards, showing the proportions of plucked and passed candidates. The real thing was to trust to competition among the schools, and not to minute and illusory regulations.

Sir D. CORRIGAN said that a roll-call would not meet the evil complained of, since one man might answer for three or four, and even those who attended might amuse themselves by reading novels.

Dr. A. SMITH considered the proposal impracticable, and believed that the roll-call was useless. There ought, he said, to be a free competition amongst lecturers, to attract the students.

Mr. TEALE also expressed an opinion that the roll-call was useless.

Dr. QUAIN thought it was cruel to send students to attend lectures at some of the London schools where the lectureships were often filled up by mere chance. The great remedy for the evils complained of was a strict examination.

Dr. STORRAR expressed a similar opinion as to the necessity of a strict examination.

Sir W. GULL urged the importance of giving the examinations a practical character.

Mr. MACNAMARA having replied, the motion was put and negatived by a large majority.

Dr. HAUGHTON moved, "That the Council do proceed to inquire what precautions are taken by the several medical authorities and corporations to secure that the certificates accepted by them from the several medical schools and hospitals guarantee a definite amount of attendance on the part of the holder on lectures, dissections, laboratory work, and hospital work; and are not merely receipts for money paid without inquiry into the actual attendance of the holder of such certificates." He urged that the present system of lectures ought to be abolished. In the University of Dublin the lectures had been reduced to a minimum, and the students were required to attend three-fourths of the course. They were allowed great freedom of choice, and could go to any of the schools or hospitals for their instruction. Two classes of certificates were issued, one of which gave a guarantee of attendance, and the other only certified the payment of a certain sum of money. He did not think that the existing evils could be met by the best examinations, because skilful teachers could easily arrange for them.

Mr. MACNAMARA seconded the motion.

Sir D. CORRIGAN agreed that examination was the only true test of a student's knowledge, but unfortunately examinations in the present day were not properly conducted. If they were made purely demonstrative no ignorant student could pass them.

Dr. A. SMITH opposed the motion as impracticable and impossible to be enforced, adding his belief that the present recommendations of the Council were only laughed at.

Dr. STORRAR said that might be the fact in Ireland, but certainly it was not so in England or Scotland.

Sir JAMES PAGET said that all who had any experience in certificates found that whatever regulations they might make could be evaded. Those who had to judge of them could only judge according to the value of the names of the persons signing them. As members of the profession, they were bound not only by laws but by honour; and if teachers did not recognise that it was their duty to sign nothing but what was true, it was useless to put them under strict regu-

lations. The certificates ought to be accepted as honest representations; and if they were not, the blame should rest with those who stated falsehoods. If the statements were false, the students would fail to become worthy members of the profession; the schools would not be so prosperous, and they might at length find the advantage of telling the truth. He should look with regret upon the adoption of the proposed regulation, because he did not think it could be enforced. As to examinations, he desired that they should be thoroughly practical, but it should be remembered that a student might pass through a practical examination without committing a single error, and yet be only partially fitted to become a medical man. He should be examined not merely to test his knowledge, but to test whether he had been so educated that as time went on he would be able to bring to bear a scientific tone of mind on the new things that might be brought before him. That could only be done by written and oral examinations. It was the duty of the Council to decide, as far as possible, the method of education, so that the student might be tested as he went on. When, at the end of four years, a man who had not pursued the right method was rejected, besides being a disgrace, it was a severe penalty on himself and especially upon his father.

Dr. HUMPHRY mentioned that examinations were not of themselves sufficient. They were only minimum examinations, and it was not difficult to teach men up to them. He agreed that examinations should be practical, but it was also important that the principles of medical science should be taught and tested, which could only be done satisfactorily by means of lectures. He had found that the best men were those who had given the most diligent attendance on lectures. The Council had recommended frequent class examination, and that he considered to be the real secret of successful teaching.

Dr. QUAIN said that if lectures were made attractive they need not be made compulsory.

Dr. ROLLESTON recommended the system of the Staats Examen of Germany and Austria, which, he said, might occupy four or six months. The candidate was required to take two patients under his charge for eight days, and that was an education in itself.

Dr. WOOD said he had been informed by Mr. Turner that the Staats Examen had proved a failure, and had recently been greatly changed.

Sir W. GULL again urged the importance of practical examination, which, he said, if properly conducted, would be a good test of the intellectual fitness of the candidate. The present professional examinations were ridiculous. If the student were taken to the laboratory and dissecting-room his knowledge might be thoroughly tested.

Dr. PITMAN reminded the Council that the question was not as to the relative value of the different systems of examination, but whether the certificates given by teachers were anything more than receipts for money.

Mr. SIMON commented on the discursive character which the discussion was assuming. If ten minutes ago he had been asked to vote for Dr. Haughton's proposal, he should have refrained upon the ground that he did not like all the expressions contained in it, but a statement had been recently made to him in private by Dr. Haughton of a somewhat startling character, which had led him to alter his determination. Dr. Haughton perhaps would repeat that statement to the Council in his reply.

Dr. HAUGHTON said it was true the discussion had not kept strictly to the line of the resolution, but it had elicited much valuable information. If it would conciliate the opinions of others he should have no objection to leave out the last clause of the resolution, which, however, was a mere statement of fact. If he had made any slighting remarks with reference to examinations in general, he only intended them to apply to the perfunctory examinations that were too often held in the present day. The fact referred to by Mr. Simon was that it had come to his (Dr. Haughton's) knowledge that certificates had been issued in cases where there had been no attendances at all, and it was on that account that he had thought it right to call such certificates mere receipts for money. Trinity College, Dublin, had reduced its lectures to a minimum, and it was therefore not unreasonable that it should require a certificate of *bonâ fide* attendance. It required that all the schools should keep a roll-call of Trinity College residents, and the hospitals were also required to keep a roll-call of the students. If that system was a right one the Council ought to express an opinion as to whether it ought not to be generally adopted.

The motion was then put and negatived, six voting in its favour and twelve against.

Dr. WOOD moved the reception of a communication from the King and Queen's College of Physicians in Ireland, in reference to the Medical Bills referred to the Select Committee of the House of Commons. Some discussion took place as to whether this document should be entered upon the Minutes, and it was ultimately decided that it should not.

The certificate of the conviction at the Central Criminal Court on the 26th of May last of Adam Addison for killing and slaying Mary Anne Robinson was read, and it was resolved, on a motion read from the chair, that his name be erased from the Register.

The following communications from the King and Queen's College of Physicians in Ireland and the College of Surgeons in Ireland with regard to the case of James Patrick Murray were read:—

From the King and Queen's College of Physicians in Ireland.

Dublin, June 26th, 1879.

DEAR SIR,—I am directed by the President and Fellows of this College to send you the accompanying copy of resolution adopted by the College on 20th inst., in accordance with Section xxviii. of the Medical Act (1858), and to signify to the General Medical Council that the name of Mr. James Patrick Murray has been struck off the roll of licentiates of the College.

I have the honour to be, dear Sir, your obedient servant,

W. J. C. Miller, Esq., Registrar of the Gen. Med. Council. J. MAGEE FINNY, M.D., Registrar.

From the Royal College of Surgeons in Ireland.

Dublin, July 14th, 1879.

SIR,—I am instructed by the President and Council of this College to report to you, for the information of the President and members of the General Medical Council, that, in virtue of the powers vested in them by the charters of this College, they have this day removed the name of James Patrick Murray from the list of licentiates of the Royal College of Surgeons in Ireland, and have called upon him to return to them his letters testimonial, as such, for the purpose of having same cancelled.

I am, Sir, your obedient servant,

W. J. C. Miller, Esq., B.A. JOHN BRENNEN, Registrar.

The PRESIDENT moved, "That the King and Queen's College of Physicians in Ireland, and the Royal College of Surgeons in Ireland, having signified to the Council that the name of James Patrick Murray has been struck off the roll of licentiates of those Colleges respectively, the Council direct the registrar to erase his name from the Medical Register in conformity with Section 28 of the Medical Act, he no longer possessing any qualification for registration." He stated that a letter had been received by the Council from Mr. Murray appealing against the decision of the Colleges. The case before the Council was that of a gentleman who had had two qualifications, by which he had been registered, removed, and the question was whether, without possessing those qualifications, his name could be retained upon the Register.

After some discussion as to whether strangers should be requested to withdraw, Mr. Murray's letter was read. It stated that necessity compelled the writer to appeal to the justice of the Council. He was first registered in August, 1860, and his name was erased on account of certain strong representations that had been made against him. He had applied for registration in October, 1877, and after a long investigation of his case the Council had decided that his name could not be properly restored. In January, 1878, a subsequent appeal led to fresh investigation, and to the restoration of his name to the Register. Subsequently a powerful party took hostile action, and conducted an attack without giving him an opportunity for defence, or even a notice of their procedure, and the result was that his name had been erased from the rolls of membership. The King and Queen's College of Physicians had not even accorded him a trial, though he had asked for it. The Royal College of Surgeons accorded a trial, but his case was really adjudged before the question of trial was entertained. He complained that the deliberations of the Council and their final verdict had been surreptitiously annulled, either by the hostile act of individuals or by some responsible corporations, who had occupied the anomalous position of plaintiffs and judges. He was sure that such a travesty of justice could not satisfy a body of men of enlightened judgment. The Council had pardoned him and placed him on the Register, and he contended that it was unjust that he should be tried again for the same offence because two corporations had removed his name under circumstances utterly disastrous to the unfortunate victim. He appealed to the

Council to save him and his family from so terrible a misfortune.

The PRESIDENT said there was a statement in Mr. Murray's letter which hardly represented the right order or the strict character of the occurrences. The letter stated that Mr. Murray had been pardoned, and that there had been an act of condonation on the part of the Council. The fact was that Mr. Murray's name was removed from the Register under a clause relating to the loss of addresses. The Executive Committee had, with great deliberation and anxiety, inquired what ought to be done under the circumstances, and they discharged a painful duty in putting Mr. Murray's name upon the Register because it had not been removed on account of any offence, but for quite another cause. There was no condonation whatever of any previous offence. The question was to a certain extent a legal one, and Mr. Ouvry was present to give his advice if necessary. There was, perhaps, a technical difficulty in the way. Clause 28 stated that "If any of the said colleges or the said bodies at any time exercise any power they possess by law of striking off from the list of such college or body the name of any one of their members, such college or body shall signify to the General Council the name of the member so struck off, and the General Council may, if they think fit, direct the registrar to erase forthwith from the Register the qualification derived from such college or body in respect of which such member was registered, and the registrar shall note the same therein: provided always that the name of no person shall be erased from the Register on the ground of his having adopted any theory of medicine or surgery."

Dr. WOOD said the proviso at the end of the clause evidently contemplated the erasure of a person's name as well as of his qualification. Mr. Murray's appeal ought not to have been made to the Council, but rather to the bodies who had removed his qualifications, which the Council had no power to restore.

Dr. A. SMITH said he did not see how any difficulty could arise in the matter. It was no part of the duty of the Council to inquire into the power of the College of Physicians or the College of Surgeons in Ireland to erase the name from their lists. Mr. Murray was quite wrong in stating that his name had been removed on strong representations; it was removed because he did not answer the letters that had been addressed to him.

Dr. HALDANE thought that the Council ought to be satisfied as to the grounds on which Mr. Murray's qualifications had been taken from him.

Dr. HAUGHTON thought that the Council ought to be in possession of the facts of the case before taking so serious a step as that of removing a person's name from the Register. It appeared that Mr. Murray's offence was known to the Executive Committee, but that they had not communicated with the College of Surgeons.

Dr. ROLLESTON thought that without going into the merits or demerits of the case the Council should at present stand upon technical ground in removing Mr. Murray's name from the Register. It appeared that the Executive Committee had had a long and painful correspondence on the subject, and that they had been to a great extent baffled. As soon as he became aware of the circumstances he had suggested to Dr. Haughton, Dr. Smith, and Mr. Macnamara, that they should take the matter up; and the course they had adopted was beyond all praise.

Mr. MACNAMARA said that the council of his college were only aware of the circumstances of the case on the 23rd June, before which time they had no means of knowing what Mr. Murray's offences were. When the subject came before the council of the college in June, a committee was appointed, which, on inquiry, recommended the removal of Mr. Murray's name. Mr. Murray was called upon to appear, and when he did so a number of questions were put to him as to his alleged offences, which he was obliged to acknowledge. The simple question now before the Council was, whether he should remain on the Register, his qualifications having been removed.

Mr. OUVRY, who was appealed to for his opinion, said that according to the true construction of the Act the Council was empowered to strike the name from the Register. He could not conceive any construction of the Act that would enable them to retain upon the Register a man who has ceased to have any qualification.

The motion for the removal of Mr. Murray's name was then put, and unanimously adopted.

ELECTION OF PRESIDENT.

The PRESIDENT said the time had arrived when it was his duty to inform the Council that the office of President was about to become vacant. He would not occupy their time with many words in expressing his grateful acknowledgments for the confidence reposed in him, and for the unceasing kindness with which the Council had accepted his endeavours to carry out their wishes during the last five years. He wished at the same time to say that his duty towards the Council under the transitional state of business in the office could not have been discharged but for the great experience and constant care of the chairman of the Business Committee, Dr. Wood, and the ability, zeal, and industry of the present Registrar. He now begged to retire from the Council, in order that they might elect a president.

Dr. Acland then retired, and Sir James Paget was requested to take the chair. The Council proceeded to deliberate in private, and it was stated on the readmission of the public that Dr. Acland had been re-elected. Shortly afterwards Dr. Acland returned, and was informed by Sir James Paget that he had been elected President of the Council for five years.

The PRESIDENT, in again taking the chair, said he had the honour to return thanks for the favour which had been conferred upon him. When the honour was conferred upon him five years ago he felt it was the greatest which he could possibly receive. He was not then aware of the extent of the responsibility. He now knew it, and he deliberately accepted the charge in the belief that it was their desire that he should endeavour to carry out their instructions to the best of his ability. (Applause.) If there was one thing needed to convince him of the magnitude of the interests of the Council, the national duties which it endeavoured to discharge, and the serious way in which it attempted to carry on its work, it would be the somewhat irrelevant discussion that had taken place on the subject of education. There was no doubt that the responsibilities of the Council were increasing year by year, and it was in full reliance upon the support he hoped to receive from the Council that he presumed once more to endeavour to serve them to the best of his ability.

Mr. MACNAMARA then moved, "That in all questionable cases where persons whose names have been removed from the Register under Section 14 of the Medical Act (1858) seek restoration, the Executive Committee, before complying with the request, shall put themselves in communication with the medical authorities whence the qualifications were originally derived." He said the motion was based partly on what had taken place in the Council with reference to Mr. Patrick Murray. The Executive Committee, it appeared, had had that gentleman's case under consideration for several months, without communicating the information which they had received to the colleges concerned. When for the first time he had heard something about the case from Dr. Rolleston, the enormity of the offence was so great that he could not grasp it. Subsequently Dr. Smith had brought the matter under his notice, and he had without loss of time brought it before the council of his college, who had passed a resolution expressing surprise that the Executive Committee of the Medical Council should have had evidence before it for so many months without giving any intimation of it to the council of the college, and requesting their representative to bring the subject officially before the Medical Council at its next meeting. It appeared to him, from what he had observed at the Council-table, that the opinion entertained by several members of the Executive Committee was that the business of the Council would be admirably carried out if everything connected with medical legislation and registration were referred to them. It was a remarkable fact that they had never thought it their duty to bring the matter in question to the notice of the aggrieved corporations, who were disgraced by the retention of Mr. Murray's name on the list of their licentiates. If they had done so, the facts of the case would have been made known, and the name would never have been restored to the Register.

Dr. PITMAN seconded the motion, and said he thought nothing could be more reasonable than the suggestion that communications should be made to the medical authorities in all questionable cases.

The debate was then adjourned to the following day.

SATURDAY, JULY 19TH.

Dr. ACLAND, President, in the chair.

Dr. ROLLESTON wished to offer an explanation in regard to his statement on the previous day to the effect that the German Staats Examen was prolonged over a lengthened period—a statement that had been called in question by Dr. Wood on the authority of Mr. Turner. The alterations recently made in the system did not affect the principle involved. Within the last few years the professoriate had reasserted itself, and now took part in the examinations. His assertion was borne out by Billroth's book of 1876.

The PRESIDENT stated that Mr. Simon, who had been elected a member of the Executive Committee, had found himself unable to accept the office, and under those circumstances Sir James Paget, who had asked to be excused from serving, would not, if again elected, express his inability to serve.

A ballot was then taken, and Sir James Paget was unanimously elected.

On the resumption of the debate on Mr. Macnamara's motion,

Mr. MACNAMARA said he desired to withdraw it with the Council's permission, having been informed that the Executive Committee would act in the spirit of it.

Dr. A. SMITH hoped that the Council would not permit Mr. Macnamara to withdraw his resolution, which almost assumed the aspect of a vote of censure. Grave charges had been brought against the Executive Committee, and an opportunity ought to be given to those members who desired to reply to them.

The PRESIDENT suggested that it might be better to allow the discussion to proceed, and it was continued accordingly.

Dr. A. SMITH said that Mr. Macnamara had brought a very serious charge against the Executive Committee as embodied in a motion adopted by the Royal College of Surgeons in Ireland. That motion had been introduced with a view of getting an expression of opinion from the Council that the Committee had not discharged its duties properly. Mr. Macnamara had evidently laboured under great misapprehension. He (Dr. Smith) maintained that the proposed resolution could not be carried into effect. The Executive Committee had no authority to investigate "questionable" cases. Many instances had occurred of persons' names being dropped out of the Register, and when a practitioner sought to be restored, all that was necessary was to prove his identity. If the resolution were adopted a great deal of inconvenience might arise, because the registrar would have to write to the different bodies to know whether they had any objection to the restoration of the persons in question. The committee had no power to inquire into the character of a person whose name had been removed under Clause 14. The case of a Scotch practitioner had been brought to the attention of the Council in May, 1877, when the Council had declined to accede to the application unless the applicant furnished satisfactory evidence of character. That evidence was not forthcoming, and the name was not restored. Application was then made to the Court of Queen's Bench for a mandamus, and the result was that the name had to be restored to the Register. The case of Mr. Murray was one of a similar character, and it was evident that the committee had no right to inquire into the moral character of a practitioner who claimed to be restored under Clause 14. It was no part of the duty of the Executive Committee to communicate with the colleges in Ireland. If anyone was to blame, it was Mr. Macnamara and his college. He was in possession of the minutes of the Executive Committee, and might have seen that Mr. Murray's case had been before them, and that after a refusal to register his name had been restored under a mandamus from the Queen's Bench.

The PRESIDENT said he was quite sure that Mr. Macnamara's motion was not intended as a vote of censure. The matter in question was one of extreme difficulty, to which the committee had paid the utmost attention. He agreed with Mr. Macnamara that where a question of that kind arose it was desirable that the committee should have permission to communicate with the bodies concerned. He hoped that the motion would be carried without further discussion.

Dr. WOOD said it should be remembered that the Council was bound at once to act upon Clause 14, and insert the name upon the Register, whatever facts might come to their knowledge as to the conduct of the applicant. He agreed, however, with Mr. Macnamara that the committee might have been a little more expeditious in communicating the facts to the Irish bodies. If he would withdraw his motion he would probably find that in future the Executive Committee would act in the spirit of it. Even if a man had committed murder the committee would have to restore his name on proof of his identity if the name had been taken off simply because his residence could not be ascertained.

Dr. ROLLESTON expressed a hope that the resolution would not be withdrawn.

Dr. QUAIN thought that the only blame that could be attached to the Executive Committee was that they had not been quite so expeditious as they might have been in communicating with the colleges in Ireland.

Dr. HUMPHRY said if the resolution were passed the Executive Committee would have to disregard it in obedience to the law of the land. It required them to restore the name to the Register, but did not require them to ask the opinion of any other bodies. Whatever information they might receive as to the conduct of an applicant under Clause 14, they were bound on proof of his identity to restore his name to the Register.

Dr. ROLLESTON said that all that the resolution required was that the committee should give information to the bodies concerned.

Dr. HUMPHRY pointed out that the resolution required the committee to give that information before complying with the request made.

Sir W. GULL supported the motion.

Sir D. CORRIGAN thought the motion a dangerous one, and hoped it would be withdrawn. It was nonsense, he said, to talk of "questionable" cases, because every case that was inquired into was "questionable."

Mr. MACNAMARA said that, in order to meet the objection that had been raised, he would alter the motion as follows:—"That in all questionable cases where persons whose names had been removed, under Section 14, seek restoration, it is desirable that the Executive Committee should, without delay, put themselves in communication with the medical authorities whence the qualifications were originally derived."

The resolution in this altered form was put and adopted by a majority of 11 against 8.

Dr. AQUILLA SMITH moved the adoption of the report on the Council's standing orders by the committee appointed for that purpose on July 17th, 1879:—

"The committee beg to report that they have met and resolved that in their opinion it is necessary to completely revise and amend the present standing orders. As this is a work which will necessarily occupy much time, the committee propose to defer their full report until a further meeting of the Council. The committee feel that it would be a great advantage if the following suggestion be adopted as a standing order:—'That the Executive Committee continue in office for a period of one year from the date of its appointment, or, if the Council be not sitting at the time when the year expires, until the first day of the next meeting of Council.' "AQUILLA SMITH, Chairman."

The motion was seconded by Mr. SIMON, and agreed to.

Dr. PITMAN, calling attention to a statement made by Dr. Haughton, that in some cases certificates of attendance on lectures had been granted when no such attendance had been given, said he should be very glad if Dr. Haughton would give some explanation as to what school it was that was in fault.

Dr. HAUGHTON said he alluded to a school in Dublin. The information was given to him by some of the students of his university, who thought it their duty to confess to him as registrar that they had obtained such certificates on payment of money. He was under an obligation, however, not to mention the school in question, nor to use the names of those who gave the information.

Sir W. GULL thought the Council would not be doing its duty if they slurred over this matter, and he would move, "That the Branch Council for Ireland have its attention called to a statement made by a member of this Council to the effect that certificates of attendance have been given in a Dublin school to students who have not given such attendance; and that the Branch Council be requested to inquire into the matter and report thereon to this Council at its next meeting."

Mr. SIMON seconded the motion, which was carried.

Mr. BRADFORD called attention to reports in the newspapers of the evidence given before the Select Committee now sitting on the Medical Bill, in which it was stated that Sir Dominic Corrigan gave evidence with respect to one of the English licensing bodies—the Apothecaries' Society—which statements he (Mr. Bradford) did not hesitate to say

were totally without foundation. He wished to ask Sir D. Corrigan if the reports were correct.

Dr. HALDANE did not think the Council could deal with the matter, and the better way would be for Mr. Bradford to appear before the Committee and contradict the statements.

Mr. TURNER agreed with Dr. Haldane's view.

The PRESIDENT ruled that the question could not be put.

Dr. PITMAN remarked that Sir Dominic might be asked the question after the meeting was over.

Mr. SIMON, drawing attention to the present position of the Medical Bill, thought the Council could hardly separate without, to some extent, adverting to a measure which was of such great interest to the profession.

Mr. TURNER asked if Mr. Simon was in order in bringing up a question of this description without notice.

The PRESIDENT said that Mr. Simon had, on the previous day, handed a motion to him on the subject, which might have been put on the programme if Mr. Simon had so wished. The observance of strict forms would no doubt very much expedite their business, but it had not hitherto been usual.

Dr. STORRAR attached great importance to the observance of forms if it could be maintained. It was, however, very difficult to do so in a body like the Medical Council.

Mr. SIMON said if it was not competent for him to discuss the question on that occasion he would give notice of the following motion :—"That whereas the Select Committee of the House of Commons, to which the Lord President's Bill (with others) has been referred, is occupied with two large disputed questions which attach to the different proposals for medical legislation, and is not likely soon to present its final report on those questions, and whereas under these circumstances the Lord President's Bill as a whole can hardly become law in the present session of Parliament, and whereas those parts of the Lord President's Bill on which there is general consent would even alone, in the opinion of the Council, be very desirable amendments of law, the Council hopes that her Majesty's Government, if unable to pass the Bill as a whole, may at least press the passing of those parts on which there is a nearly general consent of approval; and the Council is also of opinion that, in the present suspense of final legislation, a provisional enactment is desirable, that in all future constructions of Section 20 of the Medical Act, the requisite knowledge and skill for the efficient practice of the profession shall be taken to mean the requisite knowledge and skill for the efficient practice of medicine, surgery, and midwifery." If the Business Committee found it would be inconsistent with the business of the session to call upon him to proceed with his notice of motion, he would be willing to withdraw it.

Dr. WOOD hoped that Mr. Simon, having read his motion, would withdraw it, as it would probably prolong the session about ten days.

Mr. SIMON then consented to withdraw his motion.

The Council then proceeded to consider the following communication from the Royal College of Surgeons in Ireland (under date April, 1879) in answer to a letter sent pursuant to the General Council's Resolution 21 of the meeting on March 26th, 1879 :—

"With reference to the dental curriculum, this Council have agreed to accept the general regulations as laid down by the General Medical Council, but they cannot accept that portion of the regulations relating to the examination of candidates, *sine curriculo*, up to August, 1881, whereby the examination of candidates for their licence would be confined to residents in Ireland. This in their opinion could not be justified by what has hitherto been, and still is, the practice in regard to medical and surgical qualifications, or which obtained in England at the time the qualification in dental surgery was instituted by the Royal College of Surgeons, England."

Dr. WOOD said there would be found in the last column of the curriculum referred to the following provision : "Candidates who are in practice in Scotland before August, 1878, and apprentices who commenced their education as dentists in Scotland before August, 1875, are admitted to examination on the production of certain certificates," and then, "candidates are admitted to examination up to Aug. 1881, by the Royal College of Surgeons in Ireland on the production of certain certificates, if they have been in practice in Ireland five years before the date of this application." What the Irish College objected to was the limitation of its power to grant licences to persons who had been in practice either in Scotland or Ireland. Such a limitation was not placed upon the English College when they were allowed to give licences. He therefore thought, seeing that this licensing of dentists was to meet an exceptional case, and would not continue long, the privilege enjoyed by England should be extended to Scotland and Ireland. He would move the omission of the words "in Scotland" in the first proviso, and "in Ireland" in the second. He might add, that Sir James Paget, who suggested the introduction of the words "Scotland" and "Ireland," was satisfied that it was a mistake, and had no objection to the alteration.

Sir W. GULL asked if the introduction of the words was intended to give men in Scotland and Ireland better terms than they would get in England, and whether it was a sop to draw a number of very doubtful persons to a different portion of the kingdom to obtain a certificate. He believed it was better that each man should, during the "period of grace," have grace only for that division of the kingdom in which he lived. Facilities were given for the registration of a dentist in England, and that being so, why should he, if a suitable person for registration, go to Scotland or Ireland?

Dr. WOOD said that dentists now in practice could not *sine curriculo* go to the English college for an examination in order to be placed on the Register. The college would not now admit them. They had given an examination *sine curriculo* for a certain term of years, and all that the Scotch and Irish colleges asked was that the same justice should be meted out to them. The object of the resolution was to afford facilities to men who were anxious to become licentiates, but they would not be admitted without undergoing a thorough examination.

Mr. SIMON said the College of Surgeons of England had for many years been granting a licence in dental surgery, making a certain education and curriculum necessary for getting that licence. Facilities had been given to the Scotch and Irish colleges to do the same thing, and a common Register having now been established for the whole dental profession, it was reasonable that a period of grace should be given to persons practising in those divisions of the United Kingdom. But why should those divisions give their grace to people who, having been in England, and being without the higher licence, were without it by contempt of the existing regulations of the division in which they dwelt? The Council should regard with great jealousy the going out of one division of the kingdom into another in order to procure a title of honour. Practising dentists were already entitled to be on the Register, and why should they, desiring a higher title, be allowed to go out of the division in which they lived, evading the regulations made by the constituted authority therein, and obtaining their title on cheaper terms?

Dr. HUMPHRY said it must be remembered that now for the first time a register was open to all persons practising dentistry at a given period, and all were admitted upon an equality. Amongst those were many who would like to show that they were not simply members of the ordinary mass, but possessed the qualifications attaching to a diploma. He thought the College of Surgeons was not quite wise in refusing that to practitioners in England; but the reason assigned was an intelligible one, that it would not be quite fair to those already on the Register as licentiates, and who had passed through a curriculum of study. Ireland and Scotland having instituted a diploma for the first time, in accordance with the plan which England adopted, desired to admit all members of the United Kingdom, and it was only fair that English practitioners should not be excluded.

Mr. MACNAMARA seconded the resolution moved by Dr. Wood. The recommendation, which had been carried in great haste on the last day of the last meeting of the Council, was distinctly at variance with the Act of Parliament. If ever there was a case in which the Irish College would be delighted to bring the Medical Council before the Privy Council this was one. The Council were trying to deprive the college of a certain privilege, and if it was insisted upon it would be his duty to give notice of motion that it be a recommendation of the Council that licences to practise medicine, surgery, and midwifery should only be confirmed by licensing bodies upon previous residents in that part of the kingdom in which they were granted. He implored the Council not to retain recommendations on its lists which it had not the power to enforce.

Dr. FERGUS supported the previous decision of the Council. It did no one any harm to restrict honorary titles. The reasons given by Sir James Paget and others in support of the recommendations were very strong, and he hoped the Council would adhere to it.

The resolution was then put to the Council, and carried by 9 to 7.

Sir WILLIAM GULL proposed, "That the Council of the Royal College of Surgeons be requested to reconsider their determination as to the non-admission of candidates for the dental qualification, *sine curriculo*, up to August, 1881."

Dr. ROLLESTON seconded the resolution.

Mr. TEALE said the dental diploma of the College of Surgeons of England had already an established rank, whereas in Scotland and Ireland, in the absence of anything of the kind, they had no diplomas of established value, and were therefore clearly entitled to a certain time of grace. To reduce the value of the English diploma by admitting a great number *sine curriculo*, would be very unfair to those who for years had been going through an expensive and tedious process in order to obtain that degree.

Mr. TURNER said the candidates were not to be admitted without examination, and in the case of candidates *sine curriculo* it would be quite as good a test as with those *cum curriculo*, and of course the chances of those men passing who had not passed their curriculum would be less.

Dr. QUAIN said he should vote for the proposal, as it would remove the excuse for going to another place.

Dr. STORRAR also supported the motion. It might probably serve the purpose of some eminent men now practising dentistry in England without a diploma, and would prevent the necessity of their going to another division of the kingdon which they did not desire to do.

Mr. SIMON said the Royal College of Surgeons of England adopted its present course, after due deliberation, in order to protect its dental licentiates. He was not authorised to speak on behalf of the college, but it was possible, although they greatly respected the Medical Council, they would say they must still adhere to their policy with respect to their titles. If dentists of eminence practising in England would prefer the dental licence of the English College it was no doubt because it had a certain value, but he expected the college would prefer the alternative of losing the fees of those gentlemen, and letting them seek their honour in another division of the United Kingdom, on condition, of course, that the title "Associate in Dental Surgery" have after it the words "Scotland" or "Ireland."

Dr. WOOD would agree with Mr. Simon were it not that new circumstances had arisen. At the time the English college granted its licence there was no Dental Act. He did not wish to draw men to Scotland and Ireland if they could get their licence in England, and it was only fair that men who were willing to submit to the full examination should be able to obtain that licence at the English college. He hoped the College of Surgeons would consider the altered circumstances, which were not anticipated when they decided that a man should not be examined *sine curriculo*. They had already enjoyed their period of grace. They had themselves taken 150 men *sine curriculo*, and if such men were anxious to submit themselves to a full examination it would be all the harder for them to succeed.

Sir W. GULL said the Council, being called upon to make a Dental Register, ought to give the dental surgeons of England all the facilities in their power. The college authorities might wish to keep up the high value of their present title, but they must consider what was their duty to the public under the altered circumstances. He hoped the Council would express the opinion that it would be desirable that the English college should establish an examination for men who wished to be placed on the Dental Register *sine curriculo*.

The resolution was agreed to.

Report by the Executive Committee on Foreign and Colonial Certificates in Dentistry.

Thirty-four applications have been received for the registration, under Section 10 of the Dentists Act (1878), of certificates in dentistry from the following institutions: Harvard University, New York College of Dentistry, Baltimore Dental College, the American University of Philadelphia, Pennsylvania College of Dental Surgery, Philadelphia Dental College, Ohio College of Dental Surgery, the University of Naples, the University of Macerata, the University of Liège, the Royal College of Dental Surgery of Ontario, and the Dental Association of the Province of Quebec. Of these applicants, all but four are already registered under Clause (C) of Section 6 of the Dentists Act (1878). The diplomas from Harvard University, two in number, have been registered in the Foreign Dentists' List, in accordance with the resolution of the Council (Minutes for March 26th, 1879, vol. xvi., pp. 147, 150).

In the University of Naples there are no educational requirements; in the other institutions there is no preliminary examination in general education, two years only of professional study are required, and the examination in each is conducted solely by the teachers and officers of the institution. The Committee, therefore, having regard to the requirements of candidates for any of the diplomas in dental surgery in the United Kingdom—which comprise a preliminary examination and four years of professional study—cannot recommend to the Council that the certificates of these institutions should be entered in the Dentists' Register.

Dr. HUMPHRY moved, and Dr. STORRAR seconded, the adoption of this report, which was agreed to.

The usual votes of thanks were then agreed to, and the session terminated.

"PASS AND PLUCK" AT THE COLLEGE OF SURGEONS.

THE report by the Board and Court of Examiners of the College of Surgeons, showing the number of candidates that have been sent up to the examinations by the different medical schools, is always anticipated with a good deal of interest by metropolitan and provincial teachers. We publish it *in extenso* on another page, and our chief purpose in calling attention to it here is to point out that many of the schools have adopted precautionary measures which make this report of very little value as showing the "teaching results" of the different schools. These measures are preliminary "test examinations" which students are compelled to pass before their schedules are signed, and before they are allowed to enter for the examinations at the College of Surgeons. In many cases, therefore, this report is only an evidence of the success with which these "tests" are carried out. We have been at the pains to refer to the number of students entered at the different metropolitan hospitals who registered at the College of Surgeons, and thus signified their intention of taking its qualification; and the results are so striking that we give them here.

	Average of entries for 1876-77.	No. who passed Primary Exam.		Per-centage.
St. Barthol. ...	140	80·8	or	57
Guy's	103·5	77	,,	74·7
Univ. Coll. ...	72·5	46·8	,,	64·5
St. Thomas's ...	47·5	28·5	,,	60
London	40·5	31·5	,,	77·7
Middlesex... ...	36·5	9	,,	24·6
King's Coll. ...	34	23·5	,,	69·1
St. George's ...	34	24	,,	70·5
Charing-cross ...	29	17·5	,,	60·3
St. Mary's ...	26	24	,,	92·3
Westminster ...	9	10	,,	111

	Average of entries for 1874-75.	No. who passed Final Exam.		Per-centage.
St. Barthol. ...	114·5	49·5	or	43·2
Guy's	92	46	,,	50
Univ. Coll. ...	83	40·3	,,	48·5
St. Thomas's ...	63·5	35·8	,,	56·4
London	34·5	13·5	,,	39·1
Middlesex... ...	37·5	14·5	,,	38·6
King's Coll. ...	26	14·5	,,	55·7
St. George's ...	42·5	21·5	,,	48
Charing-cross ...	27	9	,,	33·3
St. Mary's ...	35·5	7	,,	20
Westminster ...	10·5	4	,,	38

These tables speak for themselves, and we commend them to the teachers of the various metropolitan schools, to extract satisfaction from them if they can. But how is it that 43 per cent. of the students entering at our largest school fail to pass their primary examination, while only 43 per cent. ever obtain their diploma to practise?

SMALL-POX IN DUBLIN.—At the close of the March quarter there were 117 small-pox cases under treatment in the various Dublin hospitals, and during the June quarter 462 new cases were admitted, being 296 less than in the previous three months, 395 patients were discharged, and 91 died, leaving 93 under treatment on the 28th of June.

DEFEAT OF THE ZULUS AT ULUNDI.—The correspondent of *The Times*, in his report of the battle at Ulundi, observes, "Great praise is due to the surgeons for their behaviour during the action."

THE LANCET.

LONDON: SATURDAY, JULY 26, 1879.

THE General Medical Council met on the 17th day of July, sat three days, and rose on the 19th. The order of the universe will not be much affected, one way or the other, by what transpired, though the balance in the coffers of the Council will be diminished by a sum of £1500 or £1600. The *quid pro quo* for this outlay is an address from Dr. ACLAND and his re-election to the chair. His re-election will not surprise anyone. Whether the chair of the Council should be monopolised by any one man for a period ten times longer than that of the tenure of office of the President of the College of Surgeons, and about three times as long as that of the President of the College of Physicians, is in itself an interesting question. Whether Dr. ACLAND is just the man to represent the Council — and the profession—at a supreme moment, is a serious question, upon which the gravest differences of opinion obtain outside the Council, but upon which, if we may judge from the report of the proceedings, the completest unanimity prevailed among the members of the General Medical Council.

The opening address was characteristic. Dr. ACLAND'S account of his duty when summoned before the Select Committee is peculiar. "It was my duty to lay before the Committee the sixteen volumes of Minutes with the index, the various reports on education and on the visitations of examinations." He did not think it any part of his duty to tell the Committee that after all the recommendations to the effect that preliminary education should be tested by other bodies than the medical authorities, it is still in their hands, and that some of the principal bodies, such as the College of Surgeons in Ireland, even go the length of disregarding the regulation that the preliminary examination must be passed before the commencement of professional study. He did not feel compelled, by reverence for PARKES and others in the Education Committees of the past, to tell the Select Committee that all their great recommendations were yet unfulfilled. It is to no purpose to say that medical education is in a transitional state. When was it not so? and when will it not be so? till the *raison d'être* of medicine itself shall be abolished by the arrival of the millennium. What conceivable effect could "sixteen volumes of Minutes" have upon sixteen gentlemen unfamiliar with the subject? It was to no purpose to lay an education report before them unless accompanied with distinct statements of the nature of such reports and their effectiveness. Dr. ACLAND should take a higher view of his duties and responsibilities as President of the Medical Council. At the very least he should not, even carelessly, misrepresent those who differ seriously from him, and do injustice to the committees of his own body, which have spent much time and labour in expressing the matured opinions of what he would call "thinking men," not in the colleges of Oxford, but in the Council itself, and of others in actual contact with the misery of sickness and disease. Dr. ACLAND does this, however unintentionally, when he says that "a question has been much discussed whether the Council should exercise direct and absolute control over the details of the general scientific and practical education, as far as regards medicine, in all the universities and all the medical corporations in the country," and when he further suggests that such plain and reiterated questions appear commonplace to irresponsible persons "outside the Council." The questions unsettled have been raised *in the Council* by its most authoritative committees, and by the best men it ever contained, and it is they who have a right to complain of labour thrown away on unheeded recommendations.

Sir JAMES PAGET, in the discussion on the want of respect to one of the regulations of the Medical Council by the Irish College of Surgeons, expressed his objection to the Council multiplying its recommendations. But what can be the use of a Medical Council of Education, in which all the leading bodies are represented by their leading members, if it is not to issue some recommendations, and if those it does issue are to be disregarded? Is there to be no *authority* in this great Council in which all the bodies are represented at the cost of the profession? It is, indeed, a strange and costly demand that such a body shall be maintained simply to play at recommendations which are not to be enforced, and to give the members of the Council a pleasant opportunity of general intercourse. Mr. SIMON rose to a temporary indignation worthy of the situation of the Council in relation to a rebellious body, but he soon melted under the mild tones of a motion by Sir WILLIAM GULL; Mr. MACNAMARA humbly thanked Sir WILLIAM, and a decorous calm again prevailed.

The really difficult piece of business before the Council was, as we intimated last week, the attitude of the Canadian profession towards the registered practitioners of Britain. One gentleman so registered was captured by a detective, and only escaped a heavy fine by the courteous interference of the President of the Council. The right of persons registered in the Medical Register to practise in the colonies is based on the Act of 1858. It is surely not to be abolished by any colonial Act, though a later Act of the Imperial Legislature gave the colonies the power to require persons registered in the British Register to register also in the colony in which they wished to practise. The colonial authorities, it is true, are able to speak of our English qualifications as only partial. Pity that English bodies should give ground for such a complaint. But it is intolerable that a qualification in England should not be a qualification in Canada. This, however, is the contention of the Canadian authorities, who seek, by imposing a high registration fee, to deter British practitioners from practising in Canada, and in some cases have required an examination to be passed. If ever there was a case for the earnest attention and consideration of the Council, it was this. The President of the Council, in his opening speech, said that the question demanded "especial attention." It was referred to the Council by the Colonial and Privy Council Offices. And in a right masterly way did the Medical Council deal with the question. It passed a resolution to the effect that the communications on the subject be received and entered on the Minutes! Not a word of reply or advice to the Government was voted—not a word of remonstrance

against the narrow spirit which for the moment seems to possess our brethren in Canada. Some ten years hence, when the President of the Council is again on his defence before a Select Committee of the House, he may feel it his duty to bring up ten volumes more of the Minutes. Meantime the Medical Council is only capable of burying the subject in the said Minutes.

THE unreasonable delay which has occurred in adopting measures to place the Army Medical Department on an efficient footing, to remove the well-founded complaints of the existing officers, and to secure an adequate supply of candidates for the future, cannot but be matter of deep regret to all who take an interest in the welfare of our soldiers. The delay appears hitherto to have arisen from the indecision of Colonel STANLEY, from his inability apparently to make up his mind as to the most appropriate measures to be adopted, and his want of firmness in dealing with the conflicting opinions as to the principles on which the Department should be reorganised. This is now at an end, and the proposed Warrant has been forwarded by him to the Treasury for its sanction to the financial changes recommended. In the House of Commons Colonel STANLEY stated that the usual notice had been given of an examination of candidates to take place in August. He hoped that by that time the new Warrant, now under the consideration of the Treasury, and which in substance carried out many of the recommendations of the Committee which sat last year, might be published; but if it were not, the examinations would be held under the old one. Is it possible that the War Minister can have seriously considered what is involved in the latter part of his statement? It is simply that candidates are invited to offer themselves under a Warrant which has been condemned by the army medical officers, repudiated by the medical schools and the profession generally, and admitted to be a failure by the official committee appointed by his predecessor! We believe that a large number of intending candidates—we feel sure that the best class of them—will decline to come forward under such conditions. They have no guarantee that the Treasury will sanction even the modified terms recommended by Colonel STANLEY, nor has any intimation been given as to which of the recommendations of Lord CRANBROOK'S Committee he has refused to adopt. In fact, they are asked to take a leap in the dark, and to trust to the War Minister and Treasury to arrange the terms of service afterwards. Past experience tends to show the folly of such a course. If a large number of candidates should come forward, the Treasury might be disposed to cut down the proposed rates or to annex unacceptable conditions of service. We trust that Colonel STANLEY will consider carefully the position in which he is now placed, and either press upon the Treasury the necessity for a prompt decision of the terms of the Warrant, or postpone the examination till these have been promulgated. If he does neither, but adheres to his announced intention of holding the examination under the old Warrant, he will take a step which will seriously damage the prospects of the Department. The supply of candidates will probably be deficient, from the best class of men holding back in the first instance; and it is unlikely that they will come forward afterwards, when they will find themselves superseded by the few who may be willing to enter upon the chances of subsequent arrangements proving satisfactory. If he wishes to gain the support of the teachers of the various medical schools, he must announce the conditions of service the Government is prepared to offer, in order to enable them to judge whether these are such as would justify them in advising their past and present pupils to enter the public service. If he does not, we anticipate that his long-considered measures will fail of their proposed objects, and that at no distant period the country will have to pay dearly for this dilatory and unsatisfactory system of patchwork.

THE proper moment has at length arrived when, all information likely to be got from the Government as to the Coroners Bill having been obtained, we can sit down to analyse and criticise its prominent features. There is, however, little prospect that the Bill will become an Act in the now rapidly-expiring session; and last week we, so to speak, brought the Bill up to date by publishing, almost verbatim, a special report just presented by the Select Committee. This report includes also a general summary of the proceedings of the Committee, as well as the minutes of evidence taken by them with particular reference to analogous proceedings adopted in Scotland. As these are of very great importance, we will deal with them first, and then pass in review the radical alterations made in the Bill since it was originally drafted at the close of the session of 1878.

Two witnesses were examined at great length on the Scotch system—Dr. DOUGLAS MACLAGAN, Professor of Medical Jurisprudence in the Edinburgh University, and Crown Consultee on all matters relating to obscure deaths; and Mr. WILLIAM ALEXANDER BROWN, Procurator-Fiscal of the Lower Ward of Lanarkshire. The evidence adduced by a thorough examination of these two witnesses was very complete, and showed clearly enough the *modus operandi* as practised in the northern section of the United Kingdom. It is not practicable, nor indeed necessary, to give the evidence in detail, but the following principles are indicated, and appear to be pretty closely followed. Although the Procurator-Fiscal is the person first informed of a death, and on whom the onus lies to take all steps for the elucidation of its cause, medical aid is at once invoked, and that summarily and with the least possible delay. It is upon the report of the medical man that the Procurator-Fiscal advises the Lord Advocate that an inquiry should be held, and upon his opinion also that the same official mainly determines whether there shall be a post-mortem or not. As a rule, each Procurator-Fiscal has in his district one or more medical men on whom he has special reliance, and who are, as a matter of fact, associated with probably at least three-fourths of all the official inquiries that take place, though they are not in any way Government or Crown staff officials. For instance, it is probable that Dr. MACLAGAN, as an expert, is summoned to the large majority of obscure cases that occur in any part of Scotland. Two medical men are, it appears, usually necessary at all official inquiries. Thus (quoting Question and Answer 131), "A judicial post-mortem is always made by two medical men?—Yes." In brief, therefore, the Procurator-Fiscal, having heard the report of any medical man who first saw the deceased, uses

his discretion as to the further prosecution of the inquiry—which inquiry is then referred to the Crown Office,—and requires the aid of a second medical man or analyst, usually more or less of an expert. As regards payment for professional services, first-class travelling expenses and two guineas a day for attendance only are allowed, which scale, Dr. MACLAGAN remarked, "has often been remonstrated against, both by medical men, and by Crown lawyers who have been employing the medical men." It is important to observe that Dr. MACLAGAN, in his evidence, distinctly objects to a *medical* coroner, and that probably accounts for the important amendment in the Bill to which we shall refer presently. But he also recommends that the coroner should have power to commit *qua* magistrate, as it is termed, so as to avoid a clashing of jurisdictions. Our summary of Dr. MACLAGAN'S evidence is sufficiently complete when we record that he (with us) thinks it unfair that officials at public hospitals should be denied the fee for giving evidence.

The evidence of Mr. BROWN is important, but may, as far as the medical aspects are concerned, be very shortly epitomised. In his district (Glasgow) the police surgeons are usually employed in the first instance, the police even applying to them for a certificate of cause of death before communicating with the Procurator-Fiscal; so that in many cases the matter ends at that stage. But if the cause of death be not discovered by this means, the Procurator-Fiscal applies to the Sheriff, and, as a result, a skilled practitioner is called in to perform, in conjunction with the medical man first concerned, the post-mortem examination, and, if necessary, an analysis; and so the matter proceeds as above detailed in the evidence of the first witness. The Procurator-Fiscal cannot appoint a medical man as his deputy, because the Sheriff and Lord Advocate would decline to sanction it. The medical men called in are paid by fees; and there is a strong consensus of opinion on the part of both witnesses that the system as carried on in Scotland works exceedingly well, but might perhaps be advantaged by a little more publicity in the preliminary proceedings.

Before commenting on the special report that accompanies these particulars of evidence, it will be well to refer to the changes found in the amended Bill. Section 18 appears without the last paragraph, so that none but barristers or solicitors of a certain standing are eligible for the office. In Section 30, relating to the remuneration of medical witnesses, one guinea for evidence and two guineas for an examination are allowed; no fees are allowed to resident medical officers of hospitals, as at present, and a maximum fee of ten guineas is recommended for an analysis (to be raised at the discretion of the Home Secretary). We believe that these include all the important changes affecting medical men, the radical one being, of course, that by which they are rendered ineligible for the office of coroner. This change, which strikes at the very root of the Bill, seemed to us, when the amended document was first published, almost incredible. Considering that the best work of the Coroner's Court has been done by medical men holding that office, and that to the energetic action of a medical coroner the Court owes what respect still clings to it as an ancient and perhaps obsolete institution, it is startling to find that the only men qualified to discharge its duties are to be excluded from office. We will not repeat the familiar arguments in favour of medical coroners; they are well known and irresistible. Meanwhile, the proposal embodied in the special report that appeared last week in these columns offers some comfort. It is in consequence of three most important paragraphs that occur in this report that we have been thus precise in detailing the evidence of the Scotch witnesses. We need not quote the paragraphs, which will be found in THE LANCET of the 19th inst., but it will be seen that the Committee recommend—what we have in effect been urging upon the attention of the Government for several years (and that emphatically)—viz., that one or more skilled officers, medical and scientific, should be attached to the coroner's staff. This plan, practically identical with that pursued in Scotland, would, as the Committee show, often render the holding of an inquest unnecessary, would, if an inquest were held, ensure that the scientific evidence was well prepared and intelligently given, would not exclude the general practitioner, who should in all cases assist the expert, and—though this last is more of a legal matter—might often render the action of a second Court unnecessary. But we may ask why, if the Committee think the assimilation of our law to that of Scotland so important, have they not embodied their recommendations in the Bill? As the Coroners Bill will doubtless be postponed for this session, there will be time to answer this question. And we must assume that during the vacation it will be the duty of "some one" at the Home Office to employ his leisure in drafting into the amended Bill clauses that shall give substantial effect to the recommendations of the Committee. Otherwise Mr. Secretary CROSS and his legal colleagues had better have left the coroners alone.

WE have to confess that, in our observations a fortnight ago on the discovery of a case of small-pox in the out-patients' room of one of our great metropolitan general hospitals, and the measures taken by the hospital management in relation thereto, we had not fully estimated the importance of the question. At least such appears to be the natural inference if we are to accept the statements made on the subject by Mr. HENRY C. BURDETT in the letter which appeared in our columns last week. According to these statements, it is to be inferred that our observations might properly have been given a wider scope with regard to the metropolitan general hospitals, and that what has happened at one hospital might be predicated, in like circumstances, in respect of other hospitals. We are not prepared, however, to believe, without further evidence, that the curious unpreparedness and helplessness in hospital management of which we had to complain, is common, although it may be more frequent than we had suspected. However, be that as it may, it may be desirable, as Mr. BURDETT suggests, to deal with the question in a general sense.

The occasional appearance of serious infectious diseases, and among these of small-pox, in the out-patients' room, is to be regarded as a normal incident in the work of a general hospital. As such it receives consideration in the arrangement of all properly constructed hospitals, with a view to obviate danger of spread of infection to the inmates, and

provision for dealing with these occasional cases, in view of the same object, should form an essential part of the rules for hospital administration. They form a part of the ordinary dangers to which the inmates of general hospitals are liable, and which it is as incumbent for the Management to guard against as the dangers arising from defective ventilation, bad sewerage, overcrowding, the spread of traumatic infections, and other mischiefs to which the inmates may be exposed. Where a general hospital has attached to it special wards for the reception of dangerous infectious diseases, no difficulty will arise; but where, as in the case of the metropolitan hospitals, no such provision as a rule exists, and relief from the difficulty which thus occurs has to be sought in other directions, particular arrangements have to be made to obviate it. What occasions surprise is that at this day, with the large provision existing in the metropolis for disposing of cases of small-pox and other dangerous infectious diseases, to the advantage of the patient, and without offending against sanitary law, there should be any metropolitan hospital which had not made ample arrangements for meeting so elementary a requirement of hospital management.

In the first place, the danger being one which may at any moment occur within the out-patients' room, it is clearly a duty of the hospital management to make such provision for isolation as may obviate, until the patient can be removed, mischief to the inmates of the hospital and to the patient isolated. Again, it is as clearly within the capacity of hospital managers to deal with these cases at the cost of the hospital, either by removing them, if suffering from small-pox, to the Highgate Small-pox Hospital, or, if from one of the dangerous fevers, to the London Fever Hospital. Regarded simply in the light of obviating a danger from the general hospital which must necessarily be provided against, an expenditure for this purpose falls properly upon the hospital funds, and its pettiness is contemptible, while the object to be secured by the hospital is of the utmost moment. If, however, the hospital thinks fit to throw the responsibility of receiving and dealing with these cases either upon the Poor-law or Sanitary authorities of the district where the hospital lies, it must be obvious that this cannot be done without a definite prior arrangement of procedure with regard to them with these authorities. That these authorities (particularly the former) will take kindly to a responsibility of the sort is hardly to be anticipated; hence the imperative necessity for defined arrangements beforehand.

But, assuming that the authorities refuse to come to any arrangement with the hospital, what, then, can the hospital do? It can always fall back upon the first course we have noted, and, under all circumstances, it is morally responsible for not letting the dangerous patient go astray in the public streets. Even if the patient, an adult, refuses to be detained, it is the duty of the hospital authorities to retain his address, and give information to the police and the sanitary authorities. But the persons found in out-patients' rooms are rarely likely to set at nought reasonable provisions for their safeguard and care, and it is open to the hospital management to send them safely back to their residences, giving information to the sanitary authority of the district where their residence is, or to send them direct to one of the permanent Metropolitan Asylum Board's hospitals, where they would be received and the hospital need have no misgivings as to being charged with other than the cost of carriage. And as to this carriage, which seems to puzzle Mr. BURDETT, we very much doubt whether there is a district in London where either the Poor-law or the Sanitary authorities have not a proper vehicle for the conveyance of cases of infectious sick to hospital, which would be willingly put at the service of the hospital managers. If, in the remote possibility of such not being the case, it is to be remembered that in 1866 the Hospital Carriage Fund established at the London Fever Hospital two carriages, one for the conveyance of small-pox cases and the other of fever cases, for the general use of the metropolis, and issued notices of this provision, with a statement of the costs for use, to every hospital within the metropolitan area, besides making the provision known generally. We have no knowledge that either of these carriages has ceased to exist, or that the work done by the Fund has fallen through. Still again there were not long ago, and probably there still exist, job-masters in the metropolis who kept, and doubtless still keep, a special carriage available for the removal of infectious sickness.

Here, then, there would appear to be a superfluity of means for dealing with cases of the sort we commented on in our impression of the 12th inst. All that is needed is that hospital managers should arrange beforehand in what manner they propose to deal with those cases, and, having so arranged, should give definite instructions to the hospital officials for their guidance. These instructions should not be left to be sought, when wanted, in some pigeon-hole or corner of the secretary's office, but should be printed in legible type and suspended in some readily-accessible place (none better than the out-patients' room to which they apply), where the officials who have to put them in force can at once see them; and they should state clearly what the arrangements are for removing the patient from the hospital, whether those arrangements rest with the hospital management alone, or with the parochial or the sanitary authorities. Particularly they should set forth where and how the hospital carriage is to be procured, and the hospital to which the patient is to be sent.

For a patient suffering from small-pox or from any other dangerous infectious disease to be permitted to leave a metropolitan general hospital and go promiscuously into the streets of London, is a scandal to our hospital management.

THE proposal to saddle charities with the cost of maintaining a Commission to keep their own managers in order, and generally facilitate the administration of their trusts, would be grotesque, if it were not mysteriously sinister. We agree with the objection urged against the Charity Commission by Sir SYDNEY WATERLOW. It is a needlessly expensive piece of machinery. Twenty-six thousand a year is an enormous sum of money to pay for the work done. It would be easy to find men in whom the public have full confidence who would count it an honour to be allowed to serve. If it is desirable to keep up a certain number of sinecures, the State might do this more appropriately in some other way. Our own objection, however, goes farther. We fail to see that the Commission substantially benefits

the charities or the poor, and even if it did we think the notion of taxing the income of charities for its maintenance is opposed alike to the interests of charity, and the spirit of the age. If private benevolence contributes a certain sum of money for the relief of distress in its divers forms, surely the State might see that such supervision and special services as are indispensable to the just administration of the trust so created were available. The State is not an independent owner of property on whom it is sought to impose. When we say the State should pay expenses, we mean that the cost of administering the charity trusts which have been created by the few may fairly be left to the many. It is not reasonable to treat charity as something outside the domestic enterprise of the nation, to regard it as a work of supererogation, and to say, "If you persist in subscribing money to aid the poor in their distress, you must also maintain a Commission to control the trusts you are thereby creating." As a matter of principle, we contend the State—that is, the corporate many—should encourage the benevolence of the few.

The question involved in this new project is one of great importance, and must not be suffered to fall into the shade. We regard it as a critical issue involving the economic status of charity in the national system. If the enterprise of benevolence is to be set apart, and made self-supporting, charity will practically cease to be a duty of citizenship, and come to be a private speculation. The man who resolves to give part of his wealth to endow a charity will feel that he is contributing, not to a public object, but to a private speculation which the State will not recognise, except it is paid for doing so. It is just that the railway companies should maintain the Railway Commission, and the estates of suitors in Chancery may fairly be taxed to maintain a special court for their business, because the interests involved are in each case private. The work of the charities stands on wholly different ground. No one gains anything by giving money to charities. It is solely for the public good the money is given. With what show of justice or reason, therefore, can the donors be taxed? The proposal is essentially retrograde. Instead of taxing the charities to maintain the Commission, every inducement should be held out to the wealthy to bestow money for the public good. Progress ought to take the form of making charity compulsory by State aid to charities, instead of which we find the coil drawn tighter around them, and besides rating charities to the poor, we are to have them taxed for their own supervision, just as some private enterprise or trade may be taxed to defray the cost of keeping those who engage in it in order.

We trust it will be fully understood that the scheme now under the consideration of Parliament involves the whole question of taxing charities, and more, because if this measure passes, benevolence will henceforward stand on the footing of a private speculation, which the State declines to aid unless it is paid for so doing. It will be useless hereafter to ask that hospitals shall be relieved from taxation, or that the State shall in some way subscribe to their support, because the principle will be ceded that charity is not an enterprise with which the State has any immediate concern. It is tolerated, not supported; and allowed and looked after only if its promoters are prepared to pay for their services, just as a house of business may secure the special attention of a constable told off for private duty by an arrangement with Scotland-yard. From the date when this Bill passes, the free citizen who hardens his hand and buttons up his pocket will enjoy the satisfaction of knowing that no fraction of coin is extracted from him for the benefit of the poor by any "charity." The weak-minded persons who give to hospitals and institutions of the class will have to pay for the luxury of doing good; they will be specially taxed for that purpose. The State washes its hands of the whole business, and the support of charities ceases to be part of the duty of citizenship. We contend that this is by no means a consideration of small moment. It places the whole system of charity maintenance in a new and most injurious light. Those who are not willing to have it so placed must take up the question seriously and at once. If it be once conceded that charities are to be treated as a form of private enterprise, and taxed for the maintenance of the Commission of control, it follows logically that they are superfluous so far as the State is concerned, and no claim, aid, or consideration of any kind can be afterwards urged in their behalf.

Annotations.

"Ne quid nimis."

THE NAVAL MEDICAL SERVICE.

WITHOUT any pretence to inspiration from Whitehall or anywhere else, ashore or afloat, we may pretty confidently predict that, before many weeks have elapsed, some outward and visible sign will appear to show that "my Lords" and their advisers are fully and firmly agreed on the absolute necessity of going to a very considerable extent hand in hand with the sister service in bettering, or at all events reforming, the present very unsatisfactory state of things. We believe it will be found that the Army Warrant, which, we trust, is on the eve of publication, will be soon followed by one from the Admiralty. And so, with one as with the other, we say to would-be candidates, Stay your hands, and pause and see how the prospect looks. It would be highly disloyal and unpatriotic, nay, it would be wellnigh disgraceful, to say that no one ought to become a candidate for navy or army surgeoncies until everything asked for by every malcontent is granted. But we are bound to fulfil a duty to the profession and the public. To the profession in order to ensure that the position sought for is in all respects one worthy to be held and retained by men who wish to be classed as officers and gentlemen. And to the public, to ensure that pay and position shall be good enough to attract, not the ruck of the profession, but a fair, if not a large, proportion of its best men. The classes established at Netley for both services are now so good, and some of the ulterior advantages are, as compared with several decades ago, so infinitely superior, that if many of the reforms that we have often hinted at in these columns be conceded, we may look confidently for a far better style and larger number of men to enter the service with a view to glean climatic and hygienic, as well as medical and surgical experiences.

ST. MARY'S ORPHANAGE.

THREE somewhat sudden deaths have recently occurred among the boys at St. Mary's Orphanage, North Hyde, under circumstances that call for a satisfactory solution.

It appears that on Monday, the 16th of June, the boys had a treat, and, among other things, sweets bought at a neighbouring shop. The next day the boy who distributed the sweets in the packets for the others was taken ill with vomiting and headache in the early morning, and died at 5 P.M. On the day following another boy was taken ill at half-past seven and died at a quarter to twelve. No remarkable appearances were found on examination of the body; but what makes the matter more obscure is that on the 26th of June, nine days after the first boy was attacked, a third case occurred, which also proved fatal within a few hours. The result of the coroner's inquest seemed to warrant the inference that the deaths ensued from inhaling sewer-gas; but Dr. West, who was consulted by the managers of the school, is disposed to refer them to something of the character of an irritant poison taken into the stomach. Dr. West candidly admits that he has no knowledge of poisons, but he expresses himself most positively that the symptoms were not those of suppressed eruptive fever, of blood-poisoning from sewer-gas, or of cerebro-spinal meningitis. Without having the circumstances more plainly before us it is impossible to determine whether the testimony given at the inquest, or Dr. West's strongly-worded opinion, points in the right direction. Many of the circumstances, however, remind us of the outbreak that occurred a few years ago at the Wandsworth Asylum for Girls, in which several of the inmates died very rapidly with symptoms of irritant poisoning, but which the late Dr. Anstie proved to have arisen from sewer-gas poisoning, although the general sanitary arrangements of the school seemed above suspicion. It will be remembered that it was in the course of that inquiry that Dr. Anstie received the post-mortem wound that led to his death from blood-poisoning. Without entering upon this part of the question at present, we would note the extraordinary fact of three boys having died in a public institution, and of two strongly expressed, though opposite, opinions having been given, each pointing to the gravest conclusions. If the conclusion arrived at by the coroner's jury is the right one, then the sanitary arrangements of the school must be discredited, and steps taken to prevent a recurrence of a similar outbreak. If Dr. West's view is the right one, the nature of the irritant poison should be determined forthwith; and if, as he seems to suggest, the poison was derived from the sweet-stuff bought by the boys, the question takes a wider range. It is clearly the duty of the Local Government Board to undertake a further and a decisive inquiry.

THE PROPOSED VICTORIA UNIVERSITY AND THE M.D.

THE opposition to the granting of degrees in medicine by Owens College is extending very rapidly, and petitions against such a privilege being included in the charter of the new Victoria University have been forwarded to the Privy Council from the Liverpool School of Medicine, the Leeds School of Medicine, and from more than 150 of the most influential medical teachers in London and the provinces. All the arguments in favour of the creation of a new university in Manchester have been urged from the literary and scientific sides of the question, and none have been put forward from a medical stand-point. In fact, as the memorialists say, the Manchester School of Medicine has no superior claims over other schools in London or the provinces which can entitle it to such a special distinction as that of conferring degrees in medicine or surgery. The statistics of the examinations at the Royal College of Surgeons for the past collegiate year are not without interest and significance in relation to the above statement. From these we find that whilst at the primary examinations the average percentage of rejections was 22·48, that of the Manchester School was 48·75; and at the pass examinations, whilst the average rejections were 32·2 per cent., the failures from the Manchester School were 53·3 per cent. Moreover, only fourteen students from Manchester obtained the diploma of the College of Surgeons. In the face of such statistics as these it surely cannot be seriously urged that the authorities of Owens College should be empowered to give a qualification to practise medicine and surgery, or that such a privilege would not be detrimental to the interests of the profession. It is strange to find that an additional qualifying body is on the point of being created without a protest from the Medical Council, when some of its most eminent members are suggesting to a select committee of the House of Commons that some of the bodies now in existence really ought to be abolished.

It is important that it should be clearly understood that "residence" is an essential point in the draft charter of the Victoria University, for the professors of Owens College urge that mere examination, as at the University of London, is an insufficient guarantee of the fitness of a candidate for a degree. Manchester must show some further reasons before we can admit that a student from any of the large London or provincial medical schools should live for a year or more in that city before he is qualified to apply for the degree of M.D. or M.S. An influential deputation might be formed from those who have signed the memorials, and the members should wait on the Lord President of the Privy Council, and show the importance and urgency of the position.

THE CHOLERA IN INDIA.

WE have received by this week's mail letters from our correspondent in India, with later particulars of the cholera prevailing amongst the troops on the return march from Jellalabad. Although one or two regiments have suffered somewhat severely, we are glad to find that on the whole the epidemic has been less serious than was apprehended. The admirable sanitary precautions laid down by the medical administrators, and strictly carried out by commanding as well as medical officers, no doubt tended to a large extent to this result. With the exception of the regiments who are to permanently garrison the new frontier cantonment, Lundi Kotal, and the smaller stations of Jumrood and Ali Musjid, the whole of the First and Second Divisions of the Peshawur Valley Field Force have now reached Indian territory. The 10th Hussars, who, it will be remembered, lost fifty men in crossing the Cabul river at night some four months ago, have again been unfortunate, and head the list of cholera casualties: at Fort Balley, the second march from Gundamak, they reported fifteen deaths from cholera; fourteen more fatal cases occurred at Dakka, and six at Bosawul; they however reached Peshowur without any further cases, and were starting for the healthy station of Rawul Pindee when the mail left. The 25th and 51st Regiments, and the 4th Battalion Rifle Brigade, all suffered more or less *en route* from Gundamak to Peshawur; the 51st lost several men at Jellalabad, and had six fatal cases at Kota Kooshtia; at Shergai, on the Indian side of Lundi Kotal, which the Rifles reached on the 12th of June, several cases of cholera occurred in that battalion; from thence, however, both these regiments reached Peshawur without any further outbreak. The camp cholera hospitals established on the line of march proved of valuable use, enabling suspicious cases to be isolated without delay, while cases of actual cholera were placed in tents and attended to at once, directly a regiment arrived. The 1-17th reached Lundi Kotal on the 14th June with a few cases of cholera, but of a milder type. They had suffered greatly on the march from exposure and the intense heat, but as they have been detailed to remain at Lundi Kotal, which,

situated some 3500 feet above sea-level, is comparatively cool, they will doubtless soon recover their wonted efficiency. This regiment, throughout the whole campaign, has been noted for its high standard of health, due to a residence for two consecutive years in the Murree Hills—a contrast to the heavy sick-rates in the 8th King's, Rifle Brigade, and other regiments, which entered on the war saturated with malaria from recent sojourn in the Peshawur Valley.

Turning to other parts of India, we find that the Khurpar-thalla Native Contingent had six fatal cases of cholera at Jhelum. At Kohat the disease has appeared in the 1st Bengal Cavalry, the adjutant of the regiment, Lieutenant G. G. Davies, falling a victim on the 8th June. At Thull, on the road to the Kuram Valley, five fatal cases amongst the native troops were reported on the 10th June; at Quettah two cases, one fatal, in the 19th Native Infantry; and at Mach, in the lower Bolan Pass, some sporadic cases had also been observed.

AN INTERESTING COPY OF SERVETUS'S "DE CHRISTIANISMI RESTITUTIO."

OUR Paris correspondent, in his letter this week, alludes to a recent work on this celebrated book. The writer, M. Chéreau, librarian of the Faculty of Medicine, reopens the old controversy respecting the discovery of the pulmonary circulation, which Flourens ascribes to Servetus, and disposes somewhat peremptorily of the question in favour of Realdo Colombo. At the present day Servetus's name occasionally recurs in connexion with this matter, but his history is interesting in other respects.

In 1531, at the age of twenty-one, he published his first work, "De Trinitatis Erroribus," which at once rendered him an object of suspicion to the devout. He then studied medicine for five years in Paris, under Sylvius and Fernel, at the same time teaching mathematics for his livelihood, but his independent mind led to disputes with the physicians of the capital, and in 1536 he left for Lyons, where he worked for some time in the employ of a printer. From Lyons he went to Vienne, in Dauphiny, and resumed the practice of medicine until 1553, when he published the "De Christianismi Restitutio." This was so full of heretical doctrines that he was arrested at the instance of Calvin, and condemned to be burnt alive; but he managed to escape for a time the execution of the sentence. A few weeks later, being retaken at Geneva, the same sentence was pronounced, and Servetus consigned to the flames with his famous book. According to Brunet, such was the care taken to destroy the edition, that but three copies are now in existence. The most interesting of these is undoubtedly that in the possession of the Bibliothèque Nationale, which is the identical volume ordered to be burnt with its author. It is pierced through and through with holes made by the executioners' burning irons, and since the day when Servetus paid for his freethinking with his life, no book has passed through greater vicissitudes. After having been stolen, lost and found, bought, sold, and resold, it was eventually purchased for its present owners, and as they are quite capable of appreciating the worth of their acquisition, it is not very likely to come under the hammer again.

CERTIFICATES OF THE CAUSE OF DEATH.

ONE of the magistrates at Bow-street recently showed a singular want of acquaintance with the nature of a medical certificate of the cause of death, and of the legal responsibilities appertaining to those official documents, which the State has thought proper to require at the hands of registered medical practitioners. A man whose deceased wife had been attended during her last illness by a medical practitioner of Drury-lane, then detained in custody, applied to Mr. Flowers to advise him how he could obtain a certificate of the cause of his wife's death, in order to entitle him to procure payment of money from two burial clubs, in which his wife's life appeared to have been insured. The application was made with a view to obtain authority to visit the medical practitioner in prison, for the purpose of procuring the necessary certificate. Mr. Flowers is reported to have said, "But surely any medical man could supply the needful certificate on acquainting himself with the facts?" The certificate required was not one of fact, but a certificate of the cause of death of the woman, to the best of the knowledge and belief of the registered medical practitioner who had been in attendance on the deceased woman during her last illness, in accordance with the 20th section of the Births and Deaths Registration Act of 1874. The suggestion that such a certificate could be given by any medical practitioner who made a few inquiries concerning the case is as mischievous as it is misleading. In the particular case in point, the deceased woman having been insured in two burial clubs, it was of the first importance that the medical certificate should be such as was contemplated by the Act, as the Friendly Societies Act of 1875 prohibits any burial club, or any other form of friendly or benefit society, from paying any money in respect of the death of any insured child or adult, except on the production of a certificate of the due registration of the death, setting forth the cause of death among other particulars. Mr. Flowers appears to have been under the impression that the only use for the medical certificate was to afford proof of the death. We fear that this misconception of the nature and value of a medical certificate of the cause of death is far too general.

A CENTENARIAN.

THE causes of life and of death are, to some extent, identical. Influences which kill the weak, strengthen the strong, and in the mutual reaction of a perfect constitution, and a mode of life free from those lethal influences which no strength of constitution can resist, may be found the secret of extreme longevity. The history of centenarians often illustrates this, but it is not often that the conditions of their existence can be accurately known. Not long ago the death was announced, at the age of 102, of the Rev. Canon Beadon, of Stoneham, the particulars of whose life are, in this respect, of some interest. Born in the year 1777, he succeeded his father in the living of Stoneham in 1812, the living having been held by the two, father and son, for more than a hundred years. His ancestors presented examples of moderate but not extreme longevity, his father having died at eighty and his mother at eighty-six. Canon Beadon was probably the last person living who remembered the Lord George Gordon riots. At the time (1780) he was three years of age, and he distinctly recollected having been held up to the window by his nurse to see the soldiers in the streets. His good health was almost uninterrupted; in early manhood he had a slight illness, the exact nature of which is difficult to ascertain, since it occurred in the year 1798. He was about five feet nine inches in height, broad-shouldered, and deep-chested, with very long arms and large hands. In early life he possessed great muscular power, which was well indicated by his frame. Even when long past seventy his strength of wrist was remarkable. He was fond of shooting and fishing; the former amusement he kept up till ninety-four, the latter till eighty-eight. When middle-aged he could walk out shooting from morning till night, exposed to any amount of cold and wet, and completely knock up many younger men. He seemed quite impervious to the ailments to which ordinary men are subject. He never knew what a headache or rheumatism was. His digestion appeared perfect, and he could eat anything with impunity. He not only ate heartily at every meal, but used often to eat biscuits &c. between meals. He

was a "moderate drinker"—by no means a total abstainer, and was, to the last, extremely fond of sweet things. As he grew older his step became slower, but he never tottered in his gait. To the last his complexion was ruddy in tint, never showing the parchment-like appearance so often an accompaniment of extreme old age. His condition remained as in middle age up to his death, neither stouter nor thinner. At ninety-seven he had his first severe illness — an attack of bronchitis, contracted through going out on a very cold day, and he was never afterwards quite the same. Up to this date he had taken service in his church every Sunday, and his three months' duty in Wells Cathedral, his voice continuing distinct and powerful; but after the attack of bronchitis he was more or less of an invalid. Nevertheless he was able to answer, himself, seventy letters of congratulation which he received on his hundredth birthday. The late severe winter tried him very much, and he had several colds and slight attacks of bronchitis, from all of which he recovered, and he died at last, peaceably and painlessly, from mere "decay of nature." During the last year or two of his life, if fatigued or out of health in any way, his mind was not perfectly clear, but he never lapsed into anything like "second childishness." He was possessed of a most imperturbable temper and singularly even spirits, and would not allow anything to worry him. The two places where he passed almost the whole of his life—Wells and Stoneham—are relaxing in climate. One of his nephews is now living aged eighty-six, two died last year aged eighty-five and eighty-eight respectively, and at the time of his death Canon Beadon had great-great-great-nephews and nieces living.

THE SANITARY STATE OF ST. PETERSBURG.

THE health commission of St. Petersburg appears to be doing its work in a way which gives promise of a good sanitary future for that city. It has been engaged in a house-to-house inspection of the districts of the city which most call for investigation, and the published reports of that inspection recall many things which were familiar in London before the passing of the Metropolis Management Act of 1855. Thus, with reference to the Alexander-Nevsky quarter, we read of houses inhabited in common by many persons, in which the rooms have been divided and subdivided, where the air is mephitic, the floors and stairs ruinous, every available foot of space packed with human beings, the "corners" let off to soldiers summoned to the city for the May reviews, and the cellars converted into habitations. There is a general neglect of the cesspools and privies, and intolerable nuisances arise therefrom, while some of the canals serve promiscuously for the reception of filth and the supply of water for domestic purposes. The existence of open spaces, which are used as places of deposit for all the filth of the neighbourhood, is mentioned in the Narva quarter. Attention is especially directed to the serious impregnation of the soil with unwholesome matters in the Rojdestvensky quarter, and the great filthiness of the ditches and stairs in the Spassk quarter.

PRIZES OF THE ACADEMY OF MEDICINE OF PARIS.

THE following prizes are offered for competition in 1880:—

Prix de l'Académie (1000 francs). On the Influence of Diseases of the Heart on Diseases of the Liver, and reciprocally.

Prize founded by Baron Portal (1200 francs). Pathological Anatomy of Articular Cartilage.

Prize founded by Madame de Civrieux (1500 francs). The Rôle of the Nervous System in Diseases of the Heart.

Prize founded by Dr. Capuron (1500 francs). Influence of Coxo-femoral Luxation on the Conformation of the Pelvis.

Prize founded by Baron Barbier (7000 francs). For the Discovery of a Cure for Diseases generally considered Incurable.

Prize founded by Dr. Godard (1500 francs). For the best work on Medicine (Pathologie Interne).

Prize founded by Madame Buignet (1500 francs). Best work on Application of Physics or Chemistry to Medicine.

Prize founded by Orfila (2000 francs). On Veratria cevadilla, Black and White Hellebore, considered Physiologically, Pathologically, Therapeutically, Medico-legally, &c.

Prize founded by Dr. Falret (1500 francs). On the Mental Disease known as "Folie Circulaire."

Prize founded by Dr. Huguier (2000 francs). On Diseases of Women, with a view to Surgical Treatment.

Prize founded by Dr. St. Lager (1500 francs). For the Artificial Production of Goitre by Substances extracted from Drinking-water.

MORTALITY AT SEA.

THE usual return has just been issued by the Board of Trade of all registered deaths that have occurred during the past year in the British mercantile marine. There is little that is novel to record. Among a total of 3870 deaths, scurvy exhibits a decrease; 5 deaths only being attributed to this disease, 10 to murder and homicide, and 31 to suicide, in both cases less than during the two previous years. Diseases of the alimentary canal are also favourably reported, dysentery and cholera being responsible for less mortality than usual. The same is the case as to rheumatic gout and cutaneous diseases, as well as those of the genital and urinary organs. But the fevers, notably yellow and the continued fevers, show a considerable increase, chiefly due, as we take it, to the epidemic in America, and there is a slight increase in deaths from diseases of the brain and nervous system.

But those "refuges for the destitute," "other diseases," "natural causes," and "unknown causes," are, except the last, in a comparative minority, from which we may divine that the captains of ships study their medical guides and the death nomenclature more closely. The total numbers show, in 1878, 3870; in 1877, 4181; and 1876, 4151—a considerable comparative, and, we believe, actual decrease, owing, probably, to the generally improved sanitary condition of British shipping, as explained in the annual report of the Seamen's Hospital Society.

THE NEW UNIVERSITY BUILDINGS, EDINBURGH.

FROM the accounts sent us by an Edinburgh correspondent of the various operations, in progress or contemplated, in connexion with the construction of the medical school department of the new University buildings, Edinburgh, the work would seem to be on a scale befitting the demand upon the University in its medical department. The severe winter involved the entire suspension of the work for four months and a half. The material for the edifice is principally obtained from Dunmore quarries, and is being used up at the rate of 500 tons a week. This does not look as if the authorities of the University contemplated that its ruin, predicted to result from Conjoint Boards, is to happen in any near century.

MEDICAL OFFICER TO CHARTERHOUSE HOSPITAL.

A MEETING of the governors of the Charterhouse Hospital was held in the board room, Charterhouse-square, on Tuesday last, to elect a medical officer to the institution, in the place of the late Dr. Nicoll, his Grace the Archbishop of Canterbury in the chair. After a consideration of the recom-

mendations and testimonials of the candidates, eleven in number, the governors unanimously selected Surgeon-Major F. Collins, M.D., Army Medical Department, War Office, Whitehall-yard, to fill the vacancy.

THE SANITARY CONDITION OF PENISTONE.

DR. THORNE THORNE, of the medical department of the Local Government Board, has recently been making inquiry as to the sanitary condition and administration of the urban district of Penistone, in the West Riding of Yorkshire, and the prevalence of infectious diseases there. His report of this inquiry has just been made public, and it would appear that 5 deaths and 40 non-fatal cases of enteric fever, and 10 deaths and some 50 non-fatal cases of scarlet fever, have occurred in Penistone since the present year (1879) began; that the sanitary authority has been in existence ten years; that the conditions so well known to be associated with the prevalence of enteric fever—namely, conditions favouring the excremental poisoning of air breathed or of water drunk—are widely prevalent in Penistone; and that efficient means of isolation and of disinfection, which are the only effectual modes of staying the spread of scarlet fever, are not available in Penistone. In other words, as we read Dr. Thorne's report, the terms "sanitary administration" and "sanitary authority," as applied to the Penistone local authority, are, in respect to the matters referred to, seemingly simple fashions of speech.

QUEEN'S UNIVERSITY IN IRELAND.

THE Committee of Convocation of the Queen's University in Ireland have issued a statement to members of Parliament in reference to the proposed abolition of the University, in which they submit that, whatever measures may be adopted by Parliament, it should not put an end to a university the existence of which is essential to the high type of education developed in the Queen's Colleges, and which has steadfastly and successfully applied itself to discharge fully every duty entrusted to it in its charter.

TYPHOID AT THE ANTIPODES.

The *Australasian Sketcher* publishes an official report by the medical officer of health for the City of Melbourne, Mr. T. M. Girdlestone, F.R.C.S., describing an outbreak of typhoid in that city, which appears to have arisen from the dissemination of the typhoid poison in the milk issued from a particular dairy. The starting-point of the outbreak seems to have been the occurrence of a case of typhoid in the family of the dairy proprietor.

THE *Army and Navy Gazette* reports through an anonymous correspondent that H.M.S. *Euryalus*, now stationed off the Australian coast, is very unsuitable for that climate. Having a flag command, and more than 100 supernumeraries, being, moreover, "lumbered up" with the impedimenta of an admiral and his staff, she is crowded, and so, as a natural consequence, more than seventy officers and men have been on the sick-list with various ailments. It is a great pity that climatic and other sanitary considerations do not influence "my lords" in choosing ships for particular stations.

WE regret to report the death, on the 20th June, at Attock Punjab, of Surgeon-Major John Harrington Wright, Army Medical Department. Mr. Wright entered the army in March, 1866, obtaining the rank of surgeon-major in 1878. He served with the 4th battalion Rifle Brigade in the Jowaki expedition of 1877, and has been present with this regiment throughout the whole of the Afghan war.

WE observe that Dr. W. G. Grace, the famous cricketer, was presented on Tuesday last with a testimonial, consisting of a handsome clock of black marble, bearing a suitable inscription, together with a sum of money, amounting to nearly £1500. The ceremony took place in Lord's Cricket Ground, in the presence of a large number of enthusiastic admirers. Lord Fitzhardinge, in presenting the gifts to Dr. Grace, expressed a wish that he would be as successful in medical practice as he had been in the cricket field. We feel the profession generally will join in this kindly sentiment.

WE are reminded by a letter in *The Times* some few days ago, written by Mr. S. C. Bosanquet, that the Royal Hospital for Incurables has, by a special arrangement, reserved for some years a certain number of beds that are always occupied by patients chosen by the committee strictly on the merits of each case. This is a laudable example. But why not put all beds in the hospital on a similar footing?

ONE of the Russian journals recently reported the appearance of typhus at Vetlianka, the outbreak following closely upon the prevalence of plague in that village and its vicinity. The Russian *Official Messenger* now states that there was not the slightest foundation for this report, not a single case of typhus having occurred of late in Vetlianka.

ON Friday last, the 18th instant, Professor Turner, of Edinburgh, was examined before the Select Committee; on Tuesday, Professor Haughton and Mr. Ernest Hart; today (Friday) Dr. Andrew Wood will be examined. There seems little prospect of the committee finishing its work this year.

THE annual meeting of the British Medical Association for the present year will be held in Cork, on Tuesday, August 5th, and the three following days.

MEDICAL REFORM.

MEDICAL ACT (1858) AMENDMENT BILL NO. 3.

THE Committee assembled at 12 o'clock on Friday, July 18th, the Right Honourable W. E. Forster in the chair.

Professor TURNER, examined by the Chairman, said:—I have been Professor of Anatomy in the University of Edinburgh since 1867, and Dean of the Faculty of Medicine for two years. I took my degree in medicine at the London University. I have represented the universities of Edinburgh and Aberdeen on the Medical Council for six years.

The CHAIRMAN.—What is the present number of students in the school of medicine at the University of Edinburgh?

Mr. TURNER.—In the year 1876 there were 1070 students; in 1877 there were 1169; in 1878 there were 1290. There has been a steady increase in the numbers for the last eight or ten years. There are from 250 to 300 fresh entries each year. The 1290 students in 1878 were made up as follows:—565 were born in Scotland, giving a percentage of 43·8; 445 were born in England and Wales, a percentage of 34·5; 22 were born in Ireland, a percentage of 1·7; 75 were born in India, a percentage of 5·8; 149 were born in the different British Colonies, a percentage of 11·6; 34 were born in foreign countries, a percentage of 2·6. I believe the school of the Edinburgh University is one of the largest of any university in the world, not even excepting the University of Vienna, and, from the wide range from which it draws its students, I think I may say that its interests are imperial. The school of medicine originated in 1720, and I have before me an analysis of the anatomy class in 1780 and 1790, which will give you a very fair idea of the general attendances at the university, because all students must attend that class at an early period of their study. At that time the Professor of

Anatomy was the famous Dr. Alexander Munroe, one of the most distinguished and renowned anatomical students in Europe. In 1780 the number of Scotch students was 235; of English students, 53; Irish, 48; American, 3; foreigners, 3; making a total of 342. In the year 1790 the attendance was—Scotch, 262; English, 73; Irish, 61; Americans, 26; foreigners, 12; making a total of 434. I believe the University of Edinburgh was one of the first universities in the kingdom to give anything like a complete medical training according to the ideas of the time. In 1876 there were 88 bachelors of medicine; in 1877, 108; in 1878, 117; making a total of 313 in three years. The analysis of this is as follows:—141 natives of Scotland, being a percentage of 45·1; 106 natives of England and Wales, being a percentage of 33·8; 2 natives of Ireland, being a percentage of ·6; 24 natives of India, being a percentage of 9·9; 9 foreigners, being a percentage of 2·9. In 1876 there were 19 doctors of medicine; in 1877, 34; and in 1878, 30.

The CHAIRMAN.—Why do students resort to Edinburgh from all parts of the world?

Mr. TURNER.—I think it is because our reputation as a school of medicine is so high.

The CHAIRMAN.—I suppose you would consider it a most unreasonable explanation to say that it was the laxity of your examinations that brought them there?

Mr. TURNER.—I could not assent to such a statement at all. The professors consider teaching their primary occupation. With us teaching is a business, and I believe that is one great reason of our success. Prior to the Universities Act of 1858, the professors in the university were the sole examiners; but now the examining board consists of twelve professors and thirteen non-professors. The regulations for study, examination, and graduation of all the Scotch universities were established by the Scotch Universities Commissioners under the Act of 1858. We have no power to alter any one of our regulations without the sanction of the Privy Council; so that Mr. Simon was not correct whenhe stated, in his memorandum of the 31st of March, 1872, that they were at liberty to fix the private tests on which their licences should be granted. Under the English conjoint scheme only three years need be spent at a medical school; the remaining year may be spent as a pupil with a private practitioner, or at a hospital. I have made an analysis of the 108 graduates in 1877 in order that you may see how many years are spent in study on the average. Of the 108 there were only 20 who had limited themselves to four years; 35 had taken four years and a half; 29 five years; 24 more than five years. These are the points upon which I specially insist. To obtain our degree the candidate must have had a complete education, and have gone through a complete examination. Further, our examination board is a Conjoint Board, inasmuch as it is made up of a professorial element and a non-professorial element, and the non-professorial element consists of just those persons who would be on the examining board under a conjoint scheme—namely, experts in the particular subjects, who are not members of the teaching body, so that we have already all that is required under Clause 3 of the Government Bill. We object to its being a condition of the registration of our undergraduates that they must obtain a certificate from a Conjoint Board. At the present time our degree confers all the rights to practise; but the conjoint scheme would impose upon our graduates, who have already gone through a higher examination than the Conjoint Board would require, an additional examination, which I hold to be unnecessary, and they would have to pay an additional fee. Clause 5 of the Government Bill gives a premium to candidates who pass the Conjoint Board to associate themselves with a corporation in preference to a university. After passing the examination of the Conjoint Board and paying the fee they can at once go to a corporation and obtain a qualification, and then they can be placed on the Medical Register. It would be quite impossible for the universities to concur in that. No university having a proper estimate of the value of its degree could accept the examination of a Conjoint Board as equivalent to its own examination. Under Clause 19 of the Bill the universities get no share of the surplus funds of the Conjoint Board. Our fee is 20 guineas and] the Conjoint Board fee would be 30 guineas.

The CHAIRMAN.—I want you to give us a little more reason why you do not rely upon the character which your high examination has in the profession, and consider that you would still get your students, although they would have to pay an additional 20 guineas.

Mr. TURNER.—We draw a considerable proportion of our students from a class of the community that one cannot exactly call poor, but whose means are limited. The university would be extremely loth to diminish the stringency of its examinations or the completeness of its mode of teaching.

The CHAIRMAN.—The College of Surgeons of England consider their examination a good one, and you consider yours a good one. Now, do not you think there is some danger of injury to the medical profession generally through the number of portals? And if so, why is not the University of Edinburgh ready to make a sacrifice in the same way as the College of Surgeons of England?

Mr. TURNER.—There is nothing in the Bill to affect the interests of the College of Surgeons of England as the interests of the universities are affected. Under the English conjoint scheme there is ample provision for keeping up all that the College of Surgeons thinks it necessary should be kept up, and in Clause 19 of the Bill there is a specific provision that the surplus funds shall be divided amongst the corporations. The University of Edinburgh accepts no professional examinations from another body, but I believe the College of Surgeons and the College of Physicians accept our early examinations in chemistry, anatomy, physiology, and pharmacy, but not in medicine, surgery, and midwifery. We consider that the examinations in the College of Physicians and the College of Surgeons in Scotland are lower than our examinations. I should not say that we suffer by practitioners being able to obtain their degrees upon lower terms than with us, always supposing that the examinations conducted by the other bodies are efficient for general practice. We have not been led to keep down our standard by the fact that there are lower examinations. I know that the object of the Conjoint Board scheme is to keep as high a minimum as the state of education will admit. But I look upon efficiency as the great thing to be striven for, and not mere uniformity.

The CHAIRMAN.—Will you tell the Committee how it can ever be achieved unless they make some sort of sacrifice?

Mr. TURNER.—The proposal I have to make is that which was made by the Duke of Buccleuch to the House of Lords when the Bill was going through that House. It is an amendment to Clause 15 of the Government Bill. It would work in this way, that all east one-half of our non-professorial examiners would be appointed by the Conjoint Board, or there might be a clinical examination by the Conjoint Board. I think the University of Edinburgh ought to have a separate representative on the General Medical Council.

The CHAIRMAN.—Of course the apparent fairness of that is self-evident, but do you find in practice that any disadvantage is caused by the present system?

Mr. TURNER.—It so happens that up to the present time the University of Edinburgh has never been without a member of its own body on the Medical Council, because when the University of Aberdeen returned a representative, a member of the University of Aberdeen was nominated by the Crown for Scotland. There are several graduates of the University of Edinburgh on the Council, but my impression is that there is now no one on the Council who has ever had anything to do with the teaching at the university, except myself.

By Mr. ERRINGTON.

The uniportal system in Germany caused great dissatisfaction, because all the students had to go to Berlin for examination, and it was found quite impossible to get good examiners without taking the university professors. In 1869 considerable reforms were made in the system, and the present Staats Examen on a multiportal system. Every university in the German empire examines students, and as there are twenty universities it is a twenty-portal system. The teachers examine their own pupils. After trying the uniportal system for a number of years, Germany has deliberately given it up as a failure. There has been no agitation for reform in Scotland, and I am of opinion that one great cause of the agitation in England is a defect in the Medical Act, in consequence of which a man with a single qualification can get on the Register. If it were enacted that no one should go on the Register until he had obtained a double qualification, I think a great deal, if not the whole, of the agitation would disappear. The feeling

in Scotland against the conjoint scheme is universal. I am told that there has been a considerable change of opinion, even in England, because I know persons who were at one time very strong advocates of the conjoint scheme, but who are now only lukewarm supporters of it. Under the English conjoint scheme five guineas out of the thirty to be paid by a candidate would go to the museum of the College of Surgeons of England, and it seems to me that it is an anomaly for candidates to have to pay to support what is regarded as a national institution. If the museum is a national institution, it should be maintained out of the national purse. I can sympathise with those who think there should be a representative of the general practitioners in some form or other on the Medical Council, but I have not the means of giving a definite opinion as to whether the best means of selecting that representative is by a general vote. If by the conjoint scheme you diminish the number of our graduates and students, you so far diminish the standard of general education throughout the country, and, on the other hand, if the conjoint examination is up to our standard, a sufficient number of persons would not be admitted to the general profession to satisfy the requirements of the public.

By Dr. LUSH.

We have tried to frame a conjoint scheme in Scotland, but after various attempts we came to the conclusion that we did not see our way to carry it out. We object to the conjoint scheme as unnecessary. There is a profound difference between the universities of Scotland and those of England as teaching bodies. In Scotland we fulfil the old function and ideal of a university as a complete teaching body. Visitations of examinations I consider to be of great importance, but it must be borne in mind that those visitations are very expensive. If it had not been for prospective medical legislation I think the Medical Council would have carried out systematic visitations, selecting a certain number of bodies to be visited each year. What defence can be offered for giving a university like Durham a separate representative, and yoking the Scotch universities together?

The CHAIRMAN.—Do members of the Council represent the whole of the profession, or more particularly the interests of their own bodies?

Mr. TURNER.—I hold myself at perfect liberty to discuss from a broad and general view any subject that arises in the Council, quite irrespective of whatever is done in my own institution. I think the Medical Council, in its general constitution, is a very excellent body.

Dr. LUSH.—Outside the Council there seems to be pretty nearly a consensus of opinion that the Council has failed to do what it ought to have done.

Mr. TURNER.—It should be remembered that the powers of the Council are really only recommendatory. If you look at it from that point of view I think the Council has done a great and efficient work. The whole system of preliminary education has been adopted and carried out through the recommendations of the Council.

By Mr. MAITLAND.

The medical authorities in Scotland largely represent the profession, and therefore I think it might be said that the profession in that country has pronounced against the conjoint scheme. If anything were enacted which would add to the trouble and expense of obtaining a university education, the standard of medical education would be lowered.

By Mr. WHEELHOUSE.

I have heard a statement made that pass examinations are easier in Scotland than in England, but I have no knowledge of it as a fact. The Scotch university examinations are more critical and close than those of the English corporations, and are on a level with the examinations at the universities in England.

The Committee then adjourned till Tuesday.

HEALTH OF LARGE ENGLISH TOWNS

IN THE TWENTY-NINTH WEEK OF 1879.

IN twenty of the largest English towns, 5240 births and 2418 deaths were registered during last week. The births exceeded by 58, whereas the deaths were so many as 952 below, the average weekly numbers during 1878. The deaths showed a further decline of 74 from the numbers returned in recent weeks. The annual rate of mortality per 1000 persons living, which had pretty steadily declined in the nineteen preceding weeks from 29·1 to 17·6, further fell last week to 17·1. This is the lowest death-rate on record for these twenty towns in any week since the beginning of 1876, when the whole of them were first included in the Registrar-General's Weekly Return. The lowest death-rates in these twenty towns last week were 11·2 in Plymouth, 12·8 in Brighton, 13·5 in Portsmouth, 14·1 in Sunderland, and 14·5 in Nottingham and Leicester. The rates in the other towns ranged upwards to 19·1 in Salford, 19·6 in Liverpool and in Manchester, and 22·4 in Newcastle-upon-Tyne. The death-rate in Newcastle-upon-Tyne in recent weeks has shown a marked excess. The deaths referred to the seven principal zymotic diseases in the twenty towns last week declined to 348, the lowest number on record, and included 100 from measles, 91 from scarlet fever, and 79 from whooping-cough. The annual death-rate from these seven diseases averaged only 2·5 per 1000 in the twenty towns, and ranged from 0·0 in Brighton and Wolverhampton, to 3·3 and 4·4 in Sheffield and Salford. Scarlet fever showed the greatest proportional fatality in Salford, Sunderland, and Sheffield; and measles in London and Bradford. Whooping-cough was most prevalent in Birmingham and Sheffield. The 14 deaths referred to fever in the twenty towns, of which only 5 occurred in London, were unprecedentedly few. Of the 11 fatal cases of diphtheria, 10 were returned in London. Only 47 deaths from diarrhœa were registered last week in the twenty towns, against 669, 243, and 602 in the corresponding week of the three years 1876–7–8. Small-pox caused 6 more deaths in London (and 8 in Dublin), but not one in any of the nineteen large provincial towns. The number of small-pox patients in the metropolitan asylum hospitals further fell during last week to 137, from 190 and 172 at the end of the two preceding weeks. Only 17 new cases of small-pox were admitted to these hospitals during last week, against 41, 28, and 21 in the three previous weeks.

PARLIAMENTARY PROCEEDINGS.

HOUSE OF COMMONS.

Friday, July 18th.

ARMY MEDICAL DEPARTMENT.

In answer to Mr. C. Brown,

Colonel STANLEY said the usual notice had been given as to the conditions under which successful candidates at the examination in August would enter the Army Medical Department. He hoped that by that time the new Warrant now under the consideration of the Treasury would have been issued; but if it were not, the examinations would be held under the old one. He hoped, however, that the new one, which in substance carried out many of the recommendations of the committee which sat last year, might be published by that time.

THE ARMY MEDICAL REPORTS.

To the Editor of THE LANCET.

SIR,—My attention has just been called to a letter in your issue of the 19th inst., signed "Medicus," and written from India. In this letter I am taken to task for not having sufficiently impressed the minds of those passing through the course of special instruction here with the virtues of the chloride of ammonium in hepatic diseases. This is to me a remarkable statement, seeing that I have never failed to do so during the last twelve years. I have been in the habit of taking Dr. Stewart's pamphlet into the lecture room, and reading extracts from it, giving the experience of that medical officer of its use in India. For nine years his pamphlet on the subject, published in 1870, lay on the library-table here, where it was placed by me, with a paper attached to it inviting the attention of medical candidates to it, and from thence it was only removed to be bound up with other papers intended for preservation. The chloride of ammonium is in daily use in our wards here, and has

been ever since this hospital was opened, as must be known to hundreds of medical officers of the three services who have passed through the Army Medical School.

The professors here have nothing to do with "the list of medicines for a field pharmacy waggon," and are in no way responsible for the omission noticed by "Medicus."

I am, Sir, your obedient servant,

W. C. MACLEAN, M.D.,
Professor of Military Medicine.

Army Medical School, Netley, 22nd July, 1879.

BIRMINGHAM.

(From our own Correspondent.)

DESPITE the badness of trade in Birmingham and the neighbourhood the Saturday collection for the hospitals may be pronounced a great success. At a meeting held July 4th, under the presidency of the Mayor, the following balance-sheet was presented:—Total receipts, £3421 10*s.* 2*d.*, being £3330 2*s.* 11*d.* collected in manufactories, workshops, and other industrial establishments, and £91 7*s.* 3*d.* collected by licensed victuallers and beer retailers. The disbursements included £152 19*s.* 3*d.* for advertising, printing, and bill-posting, and £152 9*s.* 6*d.* for management expenses, leaving £3116 1*s.* 5*d.* for distribution among the hospitals. The balance of the "Mayor's Relief Fund," collected during the late severe winter, has been handed over to the hospitals.

The fourth annual meeting of the Birmingham Medical Mission has been held during the past week. The chair was occupied by our respected *confrère*, Mr. Samuel Berry, there being also present many of the local clergy and non-conforming ministers, together with numerous influential laymen. The financial statement showed the receipts of the general fund to have been £609 7*s.* 4*d.*, and the expenditure £641 10*s.* 11*d.*, leaving an adverse balance of £32 3*s.* 7*d.* The receipts of the building fund were £2431 5*s.*, and the disbursements, £2176 14*s.*, showing a balance in hand of £254 11*s.* During the past year 3295 new patients have been treated. It is a gratifying feature of the report that £60 3*s.* 11½*d.* has been subscribed in pence by the poor people themselves towards the support of the institution. The mission now occupies new and commodious premises in Floodgate-street.

The Children's Hospital, one of our most popular institutions, has begun to feel the effects of the generally prevailing commercial depression. It has, unfortunately, been found necessary to close one of the scarlet fever wards through lack of funds, as, notwithstanding the most rigid economy in its management, the hospital is now incurring a debt at the rate of from £12 to £15 per week. The cost of maintaining officers and servants has been reduced to 7*s.* 2*d.* per head per week, and patients to only 2*s.* 7½*d.* It is much to be regretted that an application made to the Town Council by the hospital authorities for pecuniary help was not acceded to, as the contagious department of this hospital has been eminently useful to the inhabitants of Birmingham, by preventing the spread of zymotic diseases. The matter was eventually referred to the Health Committee, who, it is hoped, may see their way to give such assistance as may enable the committee to reopen the scarlet fever ward.

A vacancy having occurred at the Queen's College in the chairs of Chemistry and Practical Chemistry, through the resignation of Professor Bruce, Dr. Bostock Hill, the son of our respected medical officer of health (Dr. Alfred Hill), was elected by a large majority. There were four other candidates. The Council have determined that the new professor shall deliver 100 lectures in the winter and 50 in the summer session. The introductory lecture, at the opening of the ensuing winter session, will be delivered by Dr. Sawyer, Physician to the Queen's Hospital, and Professor of Materia Medica at the Queen's College.

The examination returns of the primary and pass examinations at the College of Surgeons for 1878 and 1879 are most creditable to the teachers and students of the Birmingham School. In the scholastic year of 1878 and 1879 the average percentage of rejections for all schools has been 32·48 per cent. for the primary, and 32·22 for the pass examinaton; while the rejections of Birmingham students have been only 15·7 per cent. for the primary, and 17·5 for the pass examination.

The health of the borough, notwithstanding the almost unceasing rain and cold weather, is very satisfactory, the Registrar-General's returns ending Saturday last showing that while the average rate of mortality in the eleven large towns has been 18 per thousand, in Birmingham it has only reached 17 per thousand.

The arrangements for the coming musical festival in aid of the funds of the General Hospital are rapidly approaching completion.

Birmingham, July 22nd, 1879.

PARIS.

WE beg to intimate to our readers in Paris, and on the Continent generally, that we have made entirely new arrangements as regards the representation of THE LANCET in Paris. From this date the gentleman solely empowered to act as our correspondent commences his contributions—

"OUR OWN CORRESPONDENT."

The annual meeting of the Academy of Medicine was held on the 15th of July. This sitting is generally opened by a speech from the perpetual secretary, which forms the *éloge* of the members of the Academy who have died in the year. The names of the laureates, prizemen, and bursars are then announced, and the proceedings terminate with the publication of the subjects for the next prize competition. The audience assembled on the 15th was much smaller than usual, as it was known that M. Béclard did not intend to speak. It was noted especially that the ladies, who generally congregate on the front seats, were conspicuous on this occasion by their absence. Those who would, no doubt, have flocked to weep at the panegyric of their lost friends and advisers—Chauffard, Gubler, Tardieu, Jolly, Piorry, and Jacquemier—very rightly foresaw that the ordinary business of the Academy would be of too tame a character to have any attraction for them. Of the twelve prizes offered for competition, seven remained unclaimed, the ambition of candidates being checked by the known severity of the judges. Essays had been sent in for the other five, but only one of these was considered worthy of the full reward, this being a memoir on Aconite and Aconitine by MM. Laborde and Duquenel, which obtained the Prix Orfila of 6000 francs. Grants of money were made to some of the other candidates by way of encouragement, M. Roussel getting 1000 francs for his work in connexion with Transfusion, and M. Burq 2000 francs "to continue his researches on the Action of Metals in Therapeutics," but with the understanding that the Academy did not endorse *(se porter garante)* his theories. After the secretary had read the long list of those to whom medals or other recompenses had been awarded for different kinds of sanitary work, the subjects for the prizes to be given in 1880 were made known by the President. (These will be found in another column.) A paper was then read by M. Chéreau, the librarian of the Faculty of Medicine, on the Discovery of the Pulmonary Circulation. It will be remembered that an article recently appeared on this subject in the *Revue des Deux Mondes*. Its writer, M. Charles Richet, called particular attention to some passages on Servet's De Christianismi Restitutio, which show that Servet was acquainted with the passage of blood through the lungs, and has started anew the old discussion as to the relative merit of Harvey and his predecessors. M. Chéreau brings great learning and research to prove that Servet must no longer be credited with this discovery. It was Realdo Colombo, "the Claude Bernard of the sixteenth century, the type of the true *savant*, the enemy of hollow theory, the lover of truth, and seeking it in vivisection"—it was Colombo who first recognised the physiology of the lesser circulation. As to Servet, his writings are those of a visionary; the passages which occur in his work are too vague to have any meaning, and, at the best, he is but a clumsy copyist, wholly devoid of originality. If M. Chéreau's arguments did not convince all his hearers, he, at any rate, managed to interest them, and, in spite of much Latin and anatomy, his communication was received with marked attention.

The Prefect of the Seine intends to make some changes in

the system of death registration in his department, in order to give the returns a scientific value, which is at present wanting. When a death occurs, the relatives of the deceased receive a visit from an official medical inspector, commonly known as the *médecin des morts*, who certifies to the cause of death from the appearances of the body and the statements of the friends. As the attendant practitioner, the only person really in possession of a diagnosis, is not communicated with, the statistical value of such information is very questionable. It is now proposed to furnish medical men with forms of certificates, to be sent to the central office on the death of their patients, and the Prefect has consulted the Academy of Medicine on the subject. It would appear that great care must be taken in this, as in all other professional matters, to ensure the inviolability of medical secrecy; and in order to prevent the cause of death becoming known for other than statistical purposes, diseases are to be designated in these certificates by the numbers which correspond to their places in the official nomenclature. This plan, however, is objectionable to some of the Academicians on account of its extreme simplicity, and various ingenious methods have been devised for rendering it sufficiently complicated to be practically unworkable. The Academical Commission recommends that the certificates be kept at the Mairie, and in the case of death a clerk be sent with a numbered form to the medical attendant. This is then to be filled in, carefully sealed up, and returned by the bearer to his office, and finally transmitted to the central bureau. As a matter of course, the members of the Academy not on the commission disagree entirely with those who are. M. Depaul, for instance, has but little hope that anything will improve medical statistics, which are worthless, even when coming from the hospitals, where there is every facility for exactitude. He sees no objection, however, to the Prefect being allowed to send round his books of forms, but considers it unreasonable to expect that anyone will fill them up. M. Broca very properly dislikes the attendance of police *employés* in his waiting-rooms. He considers that the systems of registration in force out of France restrict the liberty of the practitioner. If the authorities want any information from the medical profession, stimulation of its members is the best way of obtaining it. It is to be hoped that M. Broca alludes to a gentle and pleasant form of stimulation, for the word can be taken in different senses. The English acceptation of this process in connexion with certificates would certainly not be welcomed by the profession here; but, of course, there is all the difference in the world between fees and fines.

Paris, July 21st, 1879.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on Monday last:—

Bowman, Hugh T., M.B. Durham, Newcastle-on-Tyne.
Davidson, John, L.S.A., Kilburn.
Dodd, John Richard, M.D. Dub., Newcastle-on-Tyne.
Havens, Edward John, L.S.A., Colchester.
Manners, Arthur, Hull.
Marsden, James Cort, L.S.A., Madras.
Martin, Edward Fuller, M.D. Edin., Weston-super-Mare.
Pegler, L. W. Hennington, M.B. Edin., Colchester.
Smith, Ernest Barratt, M.B. Aberd., John-st., Berkeley-sq.
Sprott, William John, M.D. Dub., Dromore, Co. Down.
Webb, Chas. Alfred, L.S.A., Drighlington, Yorkshire.

The following gentlemen passed on Tuesday last:—

Cowen, W. A. Daniel, L.R.C.P. Edin., Gosport, Hants.
Dale, B. Hague, Scarborough.
Dales, William, Sheffield.
Foster, William, Bradford, Yorkshire.
Frakes, Henry Sowter, Manchester.
Grace, William Gilbert, L.R.C.P. Edin., Acton.
Hodgson, John, Oldham.
Hamilton, Seton Guthrie, Queen Anne's Mansions.
Harbord, Edward Augustus, Wainfleet.
Lewis, J. G. Stephen, L.R.C.P. Lond., Ealing.
Maile, Charles E. Drayson, L.R.C.P. Edin., Faversham.
Mellor, Thomas, L.S.A., Bury, Lancashire.
Milne, James Kershaw, Manchester.
Payne, Henry, Bolton.
Peck, Francis Samuel, Clifton, Bristol.
Porter, Thomas Morrison, Liverpool.
Smith, Henry Strode, Axbridge, Somerset.
Teskey, Luke, M.B. Toronto, Toronto, Canada.
Whitehouse, John, Smethwick.

The following gentlemen passed on Wednesday last:—

Ballance, Charles Alfred, Lower Clapton.
Bennett, Frederick Joseph, George-street, W.
Booth, Thomas Carter, Staleybridge.
Challinor, Samuel M'Millan, Bolton.
Cumming, G. W. Hamilton, L.R.C.P. Edin., Exmouth.
Dimmock, Henry Peers, Moore-street, Chelsea.
Fisher, Frederick Charles, Cadogan-place.
Flanagan, H. E. Bickerson, L.S.A., Woolwich.
Goodridge, E. W. Gostwyck, Child Oakford.
Holland, Edward Wilmot, Bath.
Ho Kai, M.B. Aberd., Hong-Kong.
Huxley, Frank Earle, Birmingham.
Maitland, Charles Bradley, Haymarket.
Pritchard, Samuel Evan, L.S.A., Beaumaris.
Warburton, Arthur, Crewe.

The following gentlemen passed the Primary Examination in Anatomy and Physiology at a meeting of the Board of Examiners on the 17th inst.:—

Edward T. Power, A. T. G. Heath, J. A. P. Smith, and Louis K. Smith, St. Bartholomew's Hospital; Maurice Gepp, J. H. S. Sumner, Wm. S. Battiss, J. A. Hosker, and Joseph Bott, London Hospital; Howard Harris, Arthur H. Leech, and Herbert R. Mosse, Charing-cross Hospital; G. R. Butler, M'Gill College and St. Thomas's Hospital; Arthur D. Wilcocks, King's College; Frederick John Lilly, St. George's Hospital; Robert Beswick, Birmingham, University College, and London and St. Bartholomew's Hospitals.

Of the 201 candidates examined during the past fortnight, 50 failed to satisfy the Board, and were referred for three, and 23 candidates for six, months' further anatomical and physiological study.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on July 17th:—

Hart, Henry, Morgan-street, Newport, Monmouthshire.
Spencer, Dhanjibhai Barjorji, Murford-gardens, Kensington.

The following gentlemen on the same day passed the Primary Professional Examination:—

Wm. Henry Crosse and Harold Rochester Osborne, Guy's Hospital; Charles James Stansbury St. Bartholomew's Hospital.

THE 1190 deaths registered in London last week exhibited the low annual rate of mortality of 17·2 per 1000. There were 73 fatal cases of measles, 40 of scarlet fever, 10 of diphtheria, 36 of whooping-cough, 27 of diarrhœa, and 6 of small-pox.

HOSPITAL SUNDAY FUND.—The sum of £692 4s. 4d. has been paid over to Mr. H. N. Custance, as the aggregate of the collections made in the metropolitan synagogues under the spiritual charge of the Rev. Dr. Alder, in aid of the fund.

ST. GEORGE'S HOSPITAL.—An interesting ceremony took place on the 19th inst. at this hospital, when the nurses selected for the appointment of St. Katherine nurses received their badges from the hands of the Duchess of Westminster, who kindly undertook to present them.

HOSPITAL SATURDAY FUND.—The fourth meeting of the Board of Delegates of the Hospital Saturday Fund was held at the London Hospital on Saturday last, Mr. A. W. Mackenzie in the chair, when the following resolutions were passed unanimously:—"1st. That the Board of Delegates of the Hospital Saturday Fund has heard with much regret of the proposed movement for the taxation of charities. 2nd. That such taxation will seriously diminish the usefulness of the hospitals of London, already suffering from the general depression of trade. 3rd. That this meeting would respectfully suggest that the expenses of the Charity Commissioners should be borne by those charities which avail themselves of their services. 4th. That a copy of these resolutions, signed by the President, Treasurer, and Chairman of the Council, on behalf of the Fund, be sent to the Chancellor of the Exchequer."

BEQUESTS ETC. TO MEDICAL CHARITIES.—Baron de Rothschild bequeathed £5000 to Christian charities, of which £1000 has been awarded to the London Hospital; £500 each to the St. George's Hospital, the Evelina Hospital for Sick Children, and the Royal Bucks Infirmary; £300 to the Hospital for Sick Children; £200 to the Hospital for Women; £150 to the Hertford General Infirmary; £100 to the Hospital for Diseases of the Chest; and £50 each to various other institutions. Mrs. Annie Armstrong has given £300 to the Cumberland Infirmary and £100 to the Carlisle Dispensary. The Royal National Hospital for Consumption, Ventnor, has received £50 from the Baroness de Rothschild in memory of the late Baron de Rothschild, and £21 from the Clothworkers' Company. Mr. George Benn has given £1000 to the Belfast Hospital for Skin Diseases.

BOOKS ETC. RECEIVED.

BEMROSE & SONS, London.
Cottages: how to Arrange and Build them to Ensure Comfort, Economy, and Health. By a Sanitary Reformer.

CHAPMAN & HALL, London.
Farming for Pleasure and Profit. By A. Roland.

J. & A. CHURCHILL, London.
An Introduction to the Practice of Commercial Organic Analysis. By A. H. Allen. Vol. I.
The Student's Guide to Surgical Diagnosis. By C. Heath.

CLAYTON & Co., London.
De la Circoncision. By D. Federico Rubio.

DEIGHTON, BELL, & Co., London.
Spasmodic Asthma. By W. E. Steavenson.

HAMILTON, ADAMS, & Co., London.
Oratory and Orators. By W. Mathews.

KEGAN PAUL & Co., London.
The Laws relating to Quarantine. By Sir Sherston Baker.

LONGMAN, GREEN, & Co., London.
Christ the Consoler. By E. Hopkins.
The Dog in Health and Disease. By Stonehenge.

MACMILLAN & Co., London.
Scientific Lectures. By Sir John Lubbock.

H. RENSHAW, London.
A Treatise on Hydrophobia. By Dr. J. P. McNeill.
A New and Complete Domestic Medicine for Home and Abroad. By G. Y. Hunter.
The Physical Examination of the Chest. By Dr. R. E. Thompson.

STRAHAN & Co., London.
The Alcohol Question. By Sir James Paget, Bart., Sir William Gull, Bart., and others.

THE NEW SYDENHAM SOCIETY, London.
Bibliotheca Therapeutica. By E. J. Waring. Vol. II.

The History of Protestantism. By the Rev. J. A. Wylie. Part I. (Cassell & Co.)—The Foes of our Health, and how to Meet them. By S. Hyde. (J. C. Bates, Buxton.)—On the Development and Retrogression of the Fat-cell. By G. Hoggan & Dr. F. E. Hoggan.—Die Lehre von der Verdauungeinleitung in die Klinik der Verdauungskrankheiten. By Dr. C. A. Ewald. (A. Hirschwald, Berlin.)—Brain: a Journal of Neurology. Part VI. (Macmillan & Co., London.)—Hygiene of the Sea. By F. W. Wright. (Bemrose & Sons, London.)—The Mortality from Intemperance. By Dr. N. Kerr. (J. H. Kenward, London.)—The Westminster Review; July. (Trübner & Co., London.)—La Science et la Philosophie. By H. Boëns. (Baillière et Cie., Paris.)—Des Plaies en Général, Pansements, et Soins Divers. By M. le Dr. Boëns. (H. Manceaux, Bruxelles.)—Index Medicus. Vol. I. No. V. (F. Leypoldt, New York.)—Greenhouse Favourites. Part II. (Groombridge & Sons, London.)—The Quarterly Journal of Inebriety. No. III. Vol. III. (Baillière, Tindall, & Cox, London.)—Further Contributions to the Treatment of Lupus. By Dr. H. G. Piffard. (Messrs. Trow's Printing Co., New York.)—Bibliotheca Dermatologica. By Dr. H. G. Piffard. (The Broadsheet Press, New York.)—The Leisure Hour; July. Sunday at Home; July. The Boy's Own Paper; July. (The Religious Tract Society.)—Fraser's Magazine; July. (Longman, Green, & Co.)—Atlas of Histology. By Dr. E. Klein and E. N. Smith. Part V. (Smith, Elder, & Co.)—The Journal of Mental Science; July. (J. & A. Churchill.)—The Illustrated Young People's Paper; May. (Smyth and Yerworth, London.) Social Notes; June. Good Words; July. The Sunday Magazine; July. (Isbister & Co.)—Colour-Sight and Colour-Blindness in its Relation to Railway and Sea Signals. By Dr. J. R. Wolfe. (J. & A. Churchill.)—The Magazine of Art; July. (Cassell & Co.)—House and Home. Vol. I. 1879.

Medical Appointments.

BATTERSBY, H. J., M.B., C.M., has been appointed Medical Officer to the Workhouse and Fever Hospital, Shillelagh Union, co. Wicklow, at £90 per annum, and £10 per annum as Consulting Medical Officer of Health, vice Bookey, resigned.

BOAST, B. R., L.R.C.P.Ed., L.F.P.S.G., has been appointed Medical Officer to the Workhouse of the Forehoe Incorporation of the Poor, and Public Vaccinator for the Parish of Wymondham, vice Clarke, deceased.

BOTTRELL, J. F. H., M.R.C.S.E., L.S.A.L., has been appointed House-Physician to the Hospital for Women, vice Ross, resigned.

BRAMWELL, J. B., M.D., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the Newcastle-on-Tyne Port Sanitary District, at £100 per annum.

CAMPBELL, Dr. J., has been appointed Medical Registrar, Catholic University School of Medicine, Dublin, vice Hayes, resigned.

CRALLAN, G. E. J., M.R.C.S.E., has been appointed Assistant Medical Officer to the Northumberland Lunatic Asylum, Morpeth, vice Croudace, resigned.

FOSBROKE, G. H., jun., M.R.C.S.E., L.S.A.L., S.Sc.C.Cantab., has been reappointed Medical Officer of Health for the Alcester, Evesham, and Stratford-on-Avon Rural, and Evesham and Stratford-on-Avon Urban, Sanitary Districts, at £600 per annum, for three years.

HARLEY, J., M.D., has been appointed a Physician to St. Thomas's Hospital, vice Ross, resigned.

HODSON, H. A., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Bovey-Tracey.

JACOB, E. H., M.A., M.B., has been appointed Honorary Physician to the Leeds Public Dispensary, vice Allbutt, resigned.

JEFFERSON, W. D., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the No. 1 District of the Ripon Union, at £65 per annum and fees, vice Frankland, resigned.

KEIR, W. I., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Nos. 4 and 5 Districts of the Melksham Union, Wilts, vice Perry, deceased.

LUMSDEN, J. P., M.B., has been appointed Resident Medical Officer to the Kilburn, Maida-vale, and St. John's-wood General Dispensary, vice Best, resigned.

MACLACHLAN, S. F., M.B., C.M., has been appointed Certifying Factory Surgeon for the District of Longtown, Cumberland.

MUMBY, B. H., M.B., C.M., M.R.C.S.E., L.S.A.L., has been appointed House-Surgeon and Secretary to the Royal Isle of Wight Infirmary, Ryde, vice Little, resigned.

MURRAY, C. F., M.D., C.M., has been appointed Medical Officer, Public Vaccinator, &c., for the Gweedore portion of the Cross-roads Dispensary District, Dunfanaghy Union, co. Donegal, at £100 per annum and fees, and £10 per annum as Medical Officer of Health, vice Bleakley, resigned.

NICHOL, H., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Thorne District of the Thorne Union, Yorkshire, vice Pitts, deceased.

RENNIE, F., M.B., C.M., has been appointed a Surgeon to the Prudhoe Memorial Convalescent Home, Whitley, vice Wilson, resigned.

ROBINSON, M. K., M.D., has been appointed Medical Officer of Health for the Broadstairs Urban Sanitary District.

RYAN, Dr. J. A., has been appointed Medical Officer, Public Vaccinator, &c., for the Oulart Dispensary District of the Enniscorthy Union, at £100 per annum and fees, and £15 per annum as Medical Officer of Health, vice Kelly, resigned.

STEWART, W. L., M.D., C.M., has been appointed Medical Officer and Public Vaccinator for the Parish of Fordyce, Banffshire, vice Anderson, resigned.

SYSON, E. J., L.R.C.P.Ed., L.R.C.S.Ed., has been reappointed Medical Officer of Health for the Caxton and Arrington, St. Neots, Stamford, and Whittlesey Rural, and St. Neots Urban, Sanitary Districts, at £391 for one year.

WALFORD, R., M.R.C.S.E., L.S.A.L., has been appointed Resident Medical Officer to the Guest Hospital, Dudley, vice Goulder, resigned.

WHITE, E. A., M.D., has been appointed Medical Officer and Public Vaccinator for the Margate District of the Isle of Thanet Union, vice Treves, resigned.

Births, Marriages, and Deaths.

BIRTHS.

BIRCH.—On the 17th inst., at Lower Clapton, the wife of George Birch, M.R.C.S.E., of a son.

LUCAS.—On the 12th inst., at Newark-on-Trent, the wife of Henry Owen Lucas, M.R.C.S.E., of a daughter.

PHILPS.—On the 21st inst., at Queen's-road, Peckham, the wife of P. G. Philps, M.R.C.S.E., of a daughter.

RENDALL.—On the 17th inst., at Malden-Newton, the wife of William Rendall, M.R.C.S.E., of a son.

SEAMAN.—On the 17th inst., at Ledbury-road, the wife of William C. Seaman, M.D., Deputy Inspector-General, Army Medical Department, of a daughter.

STARKEY.—On the 17th inst., at Charleston-avenue, Dublin, the wife of William Starkey, M.D., of a son.

MARRIAGES.

GARDNER—GUINAND.—On the 19th inst., at St. Peter's, Islington, Sebastian Claude Thomas Gardner, M.R.C.S.E., to Lina Emily, only surviving daughter of the late Celestin Guinand, Esq. No cards.

MILNE—GARLAND.—On the 9th inst., at Willesden Presbyterian Church, by the Rev. W. G. Elmslie, M.A., assisted by the Rev. James Cooper, of St. Stephen's, Broughty Ferry, Thomas Milne, M.A., M.D., of Accrington, to Catherine, younger daughter of Thomas Garland, of Ardlethen, Aberdeenshire.

POWELL—FALKENBERG.—On the 19th inst., at Wallasey Parish Church, Cheshire, by the Rev. T. H. Sheriff, William Powell, M.R.C.S., of Bromyard, Herefordshire, to Amalie W., younger daughter of the late Carl Ernst S. Falkenberg, of Trier, Rhenish Prussia.

DEATHS.

BARRY.—On the 12th inst., at Kanturk, co. Cork, Gerard Patrick Barry, M.D., aged 79.

KINLOCH.—On the 9th inst., Alexander John Kinloch, M.D. (formerly Low), of Park-place, Deeside.

LOGIE.—On the 14th inst., at Kirkwall, Orkney, William Alexander Logie, L.R.C.P.Ed., aged 37.

O'MEARA.—On the 17th inst., at Tramore, Michael Aloysius O'Meara, L.K.Q.C.P.I., of Piltown, co. Kilkenny, aged 27.

SMITH.—On the 20th inst., at Upton, Little Hereford, Herefordshire, John Soden Smith, M.R.C.S.E.

SPRAGUE.—On the 10th inst., at Kimbolton, Charles Sprague, M.R.C.S.E., aged 70.

WRIGHT.—On the 20th ult., at Attock, India, John Harrington Wright, M.R.C.S.E., Surgeon-Major, Rifle Brigade, aged 38.

N.B.—A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.

PASS AND PLUCK.

REPORT from the Board and the Court of Examiners of the Royal College of Surgeons of England of the number of candidates who have presented themselves for the Primary and Pass Examinations for the diploma of Member of the College during the collegiate year 1878-79, showing the number who have passed and have been rejected from each medical school during that period.

PRIMARY EXAMINATIONS.

1878-79.

Medical Schools.	Totals.	Number passed.	Number rejected.
St. Bartholomew's	116·3	80·83	35·50
Guy's	94	77	17
University College	90·3	46·83	43·50
St. Thomas's	40	28·50	11·50
St. Mary's	39·50	24	15·50
London	39	31·50	7·50
King's College	33·50	23·50	12
St. George's	35	24	11
Charing-cross	26·50	17·50	9
Westminster	13	10	3
Middlesex	12·50	9	3·50
Manchester	40	20·50	19·50
Leeds	28	16	12
Birmingham	25·50	21·50	4
Liverpool	17·83	14·83	3
Cambridge	16	12·50	3·50
Bristol	13·50	7·50	6
Sheffield	10·50	7·50	3
Newcastle-on-Tyne	10	6	4
Dublin	8	4·50	3·50
Belfast	4	4	....
Cork	3·50	2·50	1
Galway	1	....	1
Edinburgh	32·50	21·50	11
Glasgow	10·50	8·50	2
Aberdeen	5·50	3	2·50
Toronto	4·50	2·50	2
Montreal	2·50	....	2·50
New York	2	....	2
Colombia	1	1	....
Bombay	2	1	1
Calcutta	1·50	....	1·50
Bengal	1	1	....
Madras	·50	·50	....
Berlin	1	1	....
Melbourne	1	....	1
Totals	785	530	255

PASS EXAMINATIONS.

1878-79.

Medical Schools.	Totals.	Number passed.	Number rejected.
Guy's	73	46	27
St. Bartholomew's	64·50	49·50	15
University College	62·83	40·3	22·50
St. Thomas's	46·58	35·83	10·75
St. George's	29·50	21·50	8
King's College	23·50	14·50	9
Middlesex	23·50	14·50	9
London	21	13·50	7·50
Charing-cross	14	9	5
St. Mary's	9·50	7	2·50
Westminster	5·25	4	1·25
Manchester	30	14	16
Birmingham	20	16·50	3·50
Leeds	12·50	9	3·50
Liverpool	11·91	5·6	6·25
Newcastle-on-Tyne	10	7	3
Bristol	8·50	7	1·50
Cambridge	5	3	2
Sheffield	4·3	2·3	2
Dublin	5·75	4·50	1·25
Belfast	·50	·50	....
Galway	·50	·50	....
Edinburgh	17·3	11·83	5·50
Glasgow	2·50	1	1·50
Aberdeen	2	2	....
Toronto	2·50	2·50	....
Bombay	1	1	....
Madras	1	·50	·50
Calcutta	·50	·50	....
Totals	509	345	164

Note.—In these respective lists candidates who are indicated by a fraction have received their education at more than one school of medicine.

Notes, Short Comments, and Answers to Correspondents.

THE SANITARY STATE OF DUBLIN.

THAT the geological formation of this city has considerable importance in determining its high death-rate has of late been suggested; and although the proposition has been ridiculed, yet it may contain more truth than its opponents believe. Recently it has been shown by Mr. Baily, of the Geological Survey of Ireland, that Dublin for the most part stands on what is called a "raised beach" and "alluvium"; the latter, which is of comparatively modern formation, being usually saturated with water, with which any sewage matter in a state of solution will freely mix, the impervious clay at its base retaining the whole. A substratum in this condition is obviously prejudicial to health unless counteracted by an efficient drainage system. It may be added that Bristol, whose formation is similar to that of Dublin, was formerly almost as unhealthy as Dublin is now; but, in consequence of improved sewerage arrangements, it has become one of the healthiest in the kingdom. We understand that the Government have appointed a Commission of Inquiry to investigate the reason of the high death-rate of Dublin, which will be composed of Dr. MacCabe, Local Government Board Inspector, and Colonel Rawlinson.

W. H. T. P.—We have not seen the pamphlet referred to.

"SURGEON-DENTISTS."

To the Editor of THE LANCET.

SIR,—You have expressed on many former occasions that there are limits to human patience; but when one sees a person without a qualification, surgical or medical, putting up his name as surgeon "as conspicuous as possible," and dentist as obscure as may be, it makes one feel that the time and money spent in qualifying were positively thrown away, because to the ignoble vulgar his qualifications are the same as mine, and then in his advertisement in the paper which I send he adds *medical attendance* as well. Now, Sir, I suppose the next thing the dentist will add to his plate is *accoucheur*, as you remark in last week's LANCET, and then he will stand in the eyes of 99 out of 100 of the public as honourably and highly qualified as I or any other doubly qualified man. And this is what the law is doing for us.

I think, Sir, if the status of surgeons who have taken up the dental branch of the profession is to be maintained, they should join with the general medical profession, and cry aloud for their rights, and disown relationship with those licensed quacks, licensed by law. I fear if the law does not make us right by adding or altering some of its clauses to protect us from quackery, we must have recourse to the public papers, and expose its absurdity, as so valuable a paper as THE LANCET never reaches the hands of those who would most likely be deceived by the surgeon-dentist quacks. Therefore it is useless for us to complain the one to the other, but warn the general public of the trap the law would lead them into, by giving a designation, "by which a competently qualified man is known," to one who has not the slightest idea of treating one of the commonest complaints to which flesh is heir, and therefore should be compelled to practise the trade of dentistry only.

I will not defile your Office with the local prints, but just so much of it as will show you the impudent quack advertisement.

I remain, Sir, your obedient servant,

July 8th, 1879. DISGUSTED.

"IMPURE WATERS."

CISTERNS are often anything but agents of purification. They accumulate the foul matters contained in the water passing through them, and unless *very* frequently cleansed, the stream is, in fact, filtered through filth. To be really efficient, cisterns should be provided with easily movable plugs or pans of porous material, and these should be changed almost daily.

Inquirer.—After settling some miles off, the question should not be a serious one between the assistant and his late principal. He should not obey a call from within the six-mile radius, having any relation to his late principal, and, if possible, he should avoid it altogether.

Vaccus.—The inquiry should be addressed to the Secretary of the National Vaccine Establishment.

Mr. W. Gilchrist Burnie (Bradford) is thanked.

VOMITING IN PREGNANCY TREATED WITH INGLUVIN.

To the Editor of THE LANCET.

SIR,—Dr. Kempe asks if other medical men have seen good results from the employment of ingluvin in the vomiting of pregnancy. In two severe cases I have had to use it for a fortnight; but in ordinary cases, half a dozen powders of ten grains each, one taken half an hour before each meal, put a stop to the nausea even. Patients who have become quite thin from want of nourishment due to the sickness regain their flesh, and appear quite well in about three weeks. One severe case at present under treatment has not *vomited* for a fortnight, but still feels nausea occasionally.

Yours faithfully,

West Hartlepool, July 15th, 1879. EUSTACE M. SWANWICK.

PROPOSED ESTABLISHMENT OF A MEDICAL SCHOOL AT CARDIFF.

WE are informed that at a recent meeting of the Branch of the British Medical Association held at Cardiff, a resident practitioner advocated the establishment of a medical school in that town. Our informant thinks the suggestion an ill-advised one. We entirely agree with him. The multiplication of medical schools is becoming a great evil that will have to be considered if the efficiency of medical education is to be secured.

Mr. T. H. Weekes.—Unfortunately fees for post-mortem examinations on patients dying in hospitals are not generally paid.

"DIAGNOSIS OF FEVERS."

To the Editor of THE LANCET.

SIR,—The editorial paragraph in your issue of June 21st, with the above heading, reminds me of the passage at arms between Dr. Thursfield and me, which took place through the privilege of your columns about a year ago. As you may remember, I had come to certain conclusions as to the comparative fatality of enteric fever in urban and rural districts in Scotland, with which Dr. Thursfield's conclusions as regards England did not agree. You correctly summarised my argument thus: "He urges that the figures for the Registrar-General's 'fever' (including typhus, enteric or typhoid, and simple continued fevers) cannot be accepted as a basis for the calculation of the relative fatality of enteric fever in different populations." You then gave your editorial verdict against my argument! With this in my mind, I wish to "improve the occasion" of the lifting up of your editorial voice on the side of precision and accuracy in the "diagnosis of fevers" by somewhat extending the area of your criticism.

In 1865 the Scotch Registrar-General began to classify his fevers thus: typhus, enteric fever, relapsing fever, simple continued fever, and infantile remittent fever. The latter he admitted to be merely enteric fever in children, and in the absence of relapsing fever properly so called, I regard the few cases so distributed as also enteric fever. We have therefore had in Scotland since 1865 three subdivisions of fever—viz., typhus, enteric, and simple continued—kept before the profession in all the details of our national records. Since 1869 the English Registrar-General has adopted these three cardinal distinctions, but he has never abandoned entirely the system of throwing all three together as "fever." So deeply is this defect rooted in the English national returns that to this day it is impossible from them to make out in what numbers the three classes prevail in the large towns, excepting in the case of London, which happens to constitute of itself a registration district. Even in Dr. Farr's annual "letter" we find only deaths and death-rates from "fever" in his special tables concerning those towns.

I wish at present to direct your attention to a curious difference in the proportion of the total deaths from "fever" in the two countries which is ascribed to "simple continued fever." The highest proportion of the simple continued fever in the eight years for which the fevers have been subdivided in England is 33 per cent. in 1870; the highest in the ten years in Scotland is 15½ per cent. in 1865, which it is worth noting was the year when this subdivision was commenced. The lowest proportion in England is 19 per cent. in 1876; in Scotland, 3 per cent. in 1868. Taking the returns of these years as a whole, the proportion is 26 per cent. in England, and 6 per cent. in Scotland. This high proportion is found alike in the towns and rural districts of England. Taking the ten large towns whose statistics of "fever" were given by Dr. Thursfield, and collecting the figures from the registration districts representing these towns, I find that of this "fever" in the seven years 1870–76, 53 per cent. was enteric fever, 20 per cent. typhus, and 27 per cent. "simple continued fever." Taking the ten rural counties, 63 per cent. was enteric fever, 10 per cent. typhus, and 27 per cent. "simple continued fever." The differences between the individual towns are extreme; but your space will not permit me to give the details.

What is this simple continued fever which is so slightly fatal in Scotland, while it is said to cause no less than 27 per cent. of all the fatality from "fever" both in the town and in the rural districts of England? In the Nosology of the Royal College of Physicians it is defined thus: "Continued fever having no specific character"; but in the last edition of the lamented Murchison's great work we read, p. 682: "Simple continued fever, when uncomplicated, is *rarely, if ever, fatal in this country. The numerous deaths from simple fever recorded weekly by the Registrar-General are due for the most part to enteric fever* with latent abdominal symptoms." My own experience is that among between twenty and thirty thousand cases of fever which have passed more or less under my observation in the hospitals of the local authority of Glasgow, I scarcely ever, if ever, saw one even approaching death which did not classify itself as having "a specific character," and no death in our wards has ever been registered as from "simple continued fever."

But it may be said the business of the Registrar-General is to arrange as correctly as possible, according to a scientific nosology, the materials placed at his disposal by the practitioners of the country. If they choose to certify 27 per cent. of the total deaths from fever as attributable to simple continued fever, what can the Registrar-General do but return them accordingly? The truth is, however, that a very small proportion of the deaths so classified are actually certified by practitioners to be from simple continued fever. The paragraph in the Liverpool report, upon which you so justly animadvert, is a stereotyped one which has appeared there for many years. It gives us a good idea of the kind of material which the Registrar-General has to arrange. "The registrars of deaths attribute 12 cases to gastric fever, 122 to typhoid fever, 33 to enteric fever, 1 to continued fever, 1 to brain fever, and 156 to typhus; under the term of fever there were registered 27 deaths, under that of febris 4 deaths, and under that of tebricula 4 deaths; the deaths registered under the term of infantile remittent amounted to 16." As the Registrar-General himself tells us, "cases of infantile fever are classed with those of enteric or typhoid fever; relapsing and other continued fevers under simple continued fever." One word as to the "relapsing fever." In the sense of the Royal College nosology, this is anything but a "continued fever having no specific character." It is one of the most distinctly marked of all specific fevers. It is not endemic. It visits this country at long intervals, is at once recognised, and prevails in alarming, if not very fatal, epidemics. The insignificant number of deaths ascribed to this cause from year to year is certainly not made up of true "relapsing fever," but most probably of enteric fever, the protracted, recrudescent features of which have suggested the mistake. In 1869 and the two following years the true "relapsing fever" invaded and spread over this country; yet the only trace of this fact to be discovered in your annual reports is a puzzling increase in the number of deaths from simple continued fever in some of your large towns! On the one hand, we find the Registrar-General lecturing the practitioners of England in these words (Weekly Report for NOV. 13th, 1869): "Medical reporters are requested to return relapsing fever distinctly under its name, and not simply as fever. In the nomenclature of the College of Physicians it is thus defined," &c. On the other hand, we find him deliberately throwing away the results of this discrimination by returning those specific cases as "having no specific character," and for that year Dr. Farr remarks (32nd Annual Report, p. 215): "5449 deaths were registered under the *rather vague name* of simple continued fever"! In 1873, in table 17, giving "Deaths by different diseases in England, 1866–73, classified according to the nomenclature drawn up by a Committee appointed by the Royal College of Physicians of London," the total which in the current annual reports appears as simple continued fever, is now less by the sum opposite the words "relapsing fever." But for this there would really be no record in the national annual registers of a most important fact in the social history of England.

With these facts before me, can I be charged with irreverence when I venture to characterise the Registrar-General's "simple continued fever" as a statistical dust-heap or waste-basket, rather than a subdivision in a scientific nosology? The term as defined in the nomenclature of the Royal College provides no shelter for such a miscellany. There it indicates a diagnosis; but as used by the Registrar-General, an inability to diagnose, or, as in the case of relapsing fever, a nicety of diagnosis beyond the resources of the nomenclature adopted. I submit, in view both of the terms actually used by the profession and of the opinion of authorities as to true "simple continued fever," that while a very small proportion of this miscellany may correctly be still so classified, the remainder can be called by no other name than "undefined fever." Of course I presume that such an enormity as calling epidemic "relapsing fever" by any other name will never be perpetrated again. In all my returns for the city of Glasgow the subdivision adopted is "typhus," "enteric fever," and "undefined fever." If epidemic relapsing fever should reappear, we shall return it as such; but meanwhile deaths so registered are classed with enteric fever.

The Liverpool health report is only one of several illustrations which might be quoted from the towns of England of labour lost in the compilation of elaborate tables of comparative prevalence, as to place and time, of "fever" treated in the mass, to the utter destruction of their utility for any etiological or practical sanitary purpose whatever. Take, for example, the momentous question of the day—the comparative merits of the various methods of disposing of the fæcal refuse of towns. In England each large town has some favourite method of its own; *yet the health results of none can be estimated from the national registers.* The question is mainly one of the comparative prevalence of enteric fever. The relations of diarrhœa to filth infection are complicated with various social conditions, so that enteric fever is a much safer criterion. Yet, as I say, the only sources of information which are independent of local bias, and accessible to all—viz., the Annual Reports of the Registrar-General of England,—do not classify the "fever" in the otherwise elaborate and valuable details as to the towns of England. Let precision and accuracy be carried into all the tables of all the reports issued by the Registrar-General (which are otherwise so precise and so admirable) as regards "fevers," and I am quite sure the certificates of practitioners and the reports of health officers will become gradually more precise and accurate. Even the use of the word "fevers" in place of "fever" would keep constantly before the mind the fact that it is not merely fever, but a fever which kills and must be discriminated. No educational result can be expected from preaching precision, as in the case of relapsing fevers, while practising confusion, and it must be said that in Dr. Farr's letterpress, though not in his tables, the etiological distinctions of the fevers are clearly expounded.

One word, in conclusion, as to the question what this 27 per cent. of simple continued fever really is. There is no doubt that from its Protean and essentially obscure character, enteric fever is much more likely than any other of our specific fevers to fail to declare itself clearly to the judgment of the practitioner. Therefore Murchison is probably correct in thinking that most of the cases of simple continued fever are really cases of enteric fever. But a glance at the Registrar-General's aggregate returns is sufficient to demonstrate the fact that *epidemics of any one of the specific fevers (typhus, enteric, or relapsing) are attended by an increase in the deaths from simple continued fever*—i. e., that the deaths from simple continued fever represent undiagnosed cases of the prevailing specific fevers.

I am, Sir, your obedient servant,

Sanitary Department, Montrose-street, Glasgow, June 25th, 1879. JAS. B. RUSSELL.

LUNACY IN IRELAND.

FROM the recent Report of Irish Lunatic Asylums for the past year, it appears that there has been an increase of 205 in the number of the insane over that of the preceding year; and adding to the 8183 inmates at the close of 1877, the admissions (2336) during 1878, 10,519 would constitute the total under treatment in the various district asylums during last year. Of this number, 1047 were cured and 221 improved, and it appears that the average percentage of cures for the past ten years may be placed at from 44 to 47 on recent cases, and from 11 to 13 on the aggregate. The deaths as well as cures were proportionally somewhat less than in the previous year, while relapses exceeded those in 1877 by 30 readmissions. With reference to an important consideration, the authority for admission of lunatics, it is remarked that the more correct practice by order of a Board has in great measure been superseded in Irish asylums, nine-tenths of the cases being taken in as urgent by resident physicians or through magisterial committals.

A. R.—The proposal is too monstrous to be feared.

BURMESE ITCH.

To the Editor of THE LANCET.

SIR,—I would recommend "M.R.C.S." to try vaseline. During the last year I have had three cases of eczema of the anus, perineum, and scrotum under my care. They were all cases of several years' duration, and had been treated with preparations of lead, zinc, detergent carbolic acid, &c., without benefit. The treatment I pursued in each case was to cut off the hair from the affected parts, and to apply dressings of vaseline. The irritation was immediately alleviated, and in from six to eight weeks the eczematous condition disappeared, and the skin regained its natural appearance, with the exception of some discoloration and slight thickening.

I have also treated eczema of the leg &c. with dressings of vaseline, with like success.

The value of vaseline as a means of treating eczema locally is due to the following causes:—1. It immediately allays the irritation, and the patient ceases to scratch. 2. It evaporates, and so, unlike most ointments, it does not form a sticky mass, which keeps the irritating discharges in contact with the inflamed skin, and which has to be washed off every time a fresh dressing is applied; and, unlike lotions, it does not render the surrounding tissues sodden. 3. It dissolves the crust of scabs. 4. It is antiseptic. Your obedient servant,

Melbourne, Derby, July, 1879. H. C. ROWBOTHAM.

SIR DOMINIC CORRIGAN'S EVIDENCE ON FOREIGN DEGREES.

Dr. H. J. Hardwicke, of Sheffield, writes, emphatically denying the accuracy of Sir Dominic Corrigan's statement, that in Germany Universities do not require examinations to be passed before conferring medical degrees, and suggesting that the Select Committee should take evidence as to the conditions on which foreign degrees are granted. It is right that any error of statement should be corrected; but we should pity the Committee if they are to investigate the conditions on which foreign degrees are granted. They have their hands full enough in having to consider and report on the machinery for granting degrees and diplomas in England.

A Constant Reader.—We did not forget the fact to which our correspondent alludes.

"APPEAL."

To the Editor of THE LANCET.

SIR,—I am extremely obliged to you for kindly continuing to insert my "appeal" in THE LANCET. May I request you in the next publication to add the following sums that have been received by my friends, Rev. H. Sherrard and E. W. Bernard, Solicitor:—

W. O. Foster, Esq.	£10	0	0
Miss Hunt	3	3	0
G. Birt, Esq., Surgeon ..	1	1	0
J. Cooke, Esq.	1	0	0
Amicus	2	2	0

In the last announcement there appears to have been an error in respect of two of the subscriptions. "A Friend" should have been credited with £3 3s., and "Meadows" with £1 1s.

I remain, yours very obliged,

LOUISA LASCELLES NORRIS.

2, Clifton-terrace, Longlands, Stourbridge, July 22nd, 1879.

THE MILK-SUPPLY OF ABERDEEN.

IT has been ascertained that there are 470 milk-shops in Aberdeen, of which 173 have doors opening into bedrooms and living-rooms. The greater part of the working classes obtain their milk from these small and unwholesome shops. There is here evidently great scope for reform; but from the reports before us we should imagine the Town Councillors are somewhat timid in their action.

A Colonial Practitioner.—Roberts's or Bristowe's Medicine; Bryant's or Erichsen's Surgery; Playfair's or Leishman's Midwifery; Garrod's Materia Medica; Ringer's Therapeutics; Guy's Medical Jurisprudence; Wilson's Hygiene.

J. A.—Thanks. See leading columns.

THE WATER-SUPPLY OF CHESHAM.

AT a recent meeting of the sanitary authority, one of the members declared that there was not a drop of pure water in the town of Chesham. The vicar maintained that the ground was absolutely saturated with sewage, and that the water derived from the last well he had dug was proved by analysis to be totally unfit for human consumption. The river Chess also was polluted from all sides, and the local authority might at any time be proceeded against under the Rivers Pollution Prevention Act. In one case three wells had been dug on the same premises, and still no pure water could be obtained. The picture thus accidentally given by the discussion of the local authorities is one calculated to arrest the attention of the central authority.

Nauticus.—The subject is, as our correspondent will see, receiving the attention he desires for it.

THE PHYSIOLOGY OF THE LARYNX.

To the Editor of THE LANCET.

SIR,—I was so hard pressed for time when I last wrote to you that I did not express myself so correctly as I might have done, and, for the same reason, I forgot to reply to one or two of Mr. Holmes's statements. As to the alleged antiquity of my views, I mean to say that to state that they were conceived and rejected one or two centuries ago was to advance no argument against them.

The last time I perused Helmholtz's work (which was about two years ago) I found that he gave no positive opinion upon whistling.

It must be remembered that it is the *falsetto* voice which I compare to whistling with the mouth. Once grant me that there is a similarity in their methods of production, and I can then demonstrate that the *true* or *chest* voice is produced in the way I have indicated.

As for the siren, I would remind Mr. Holmes that it is simply a musical instrument which shows us *one* of the ways in which a rapid division of a column of air may be secured.

I am, Sir, yours faithfully,

Madeira, July 16th, 1879. C. R. ILLINGWORTH, M.B.

MEASLES AT SCHOOL.

AT Datchworth, in Hertfordshire, forty-seven out of the hundred children who attended the village school have been seized with measles. As an excuse for their carelessness, the parents insist that the medical officer is mistaken, and that the complaint is not measles, but merely a "rash." The same, of course, might be said concerning a slight attack of scarlet or any eruptive fever.

One of the Lay Readers gives particulars of the scandal of handbills delivered by hand on Westminster-bridge, offering advice and medicine at sixpence a week, which only confirm the first impressions made by such proposals.

REICHENBACH'S TEST.

To the Editor of THE LANCET.

SIR,—Allow me to suggest, through your columns, to Dr. McCall Anderson that he should repeat the experiments of Reichenbach upon the sensitive patient whose case he has so fully described. Her condition appears to warrant the expectation that if magnets really possess the powers ascribed to them, their luminous emanations ought to be detected by her. Yours obediently,

Clifton, Bristol, July 13th, 1879. G. S. THOMSON, M.D.

SWINE FEVER.

AN Order of Council was issued on the 14th inst. as to measures to be taken with reference to this disease. The Order describes the disease as the so-called typhoid fever of swine, soldier, purples, red-disease, hog-cholera, or swine plague, revokes the Order of 1878, and proceeds to detail the steps which must be taken when the malady breaks out in any place.

Mr. Austin.—The probabilities of a medical career cannot be well or safely indicated. Consult the Students' Number of THE LANCET, published in September, 1878, for general information and remarks.

"MORE ARSENICAL POISONINGS."

To the Editor of THE LANCET.

SIR,—The notice in your journal of July 19th is perhaps alarming without much cause. As French chalk is worth about five guineas per ton, and arsenic from ten to eleven guineas, it is very improbable that the admixture was otherwise than accidental.

Yours obediently,

July, 1879. G. H. T.

"WHAT NEXT?"

THE names and addresses of "Physicians" and "Surgeons" appear under those headings in the "Trades" division of the Post Office Directory. Unless there were a separate part for "Professions," it is difficult to see how they could be classified in a different way, except in a Medical Directory.

J. T.—The baths in question are strongly saline. They are very stimulating, and especially useful for scrofulous conditions. They have no special reputation for rheumatism.